

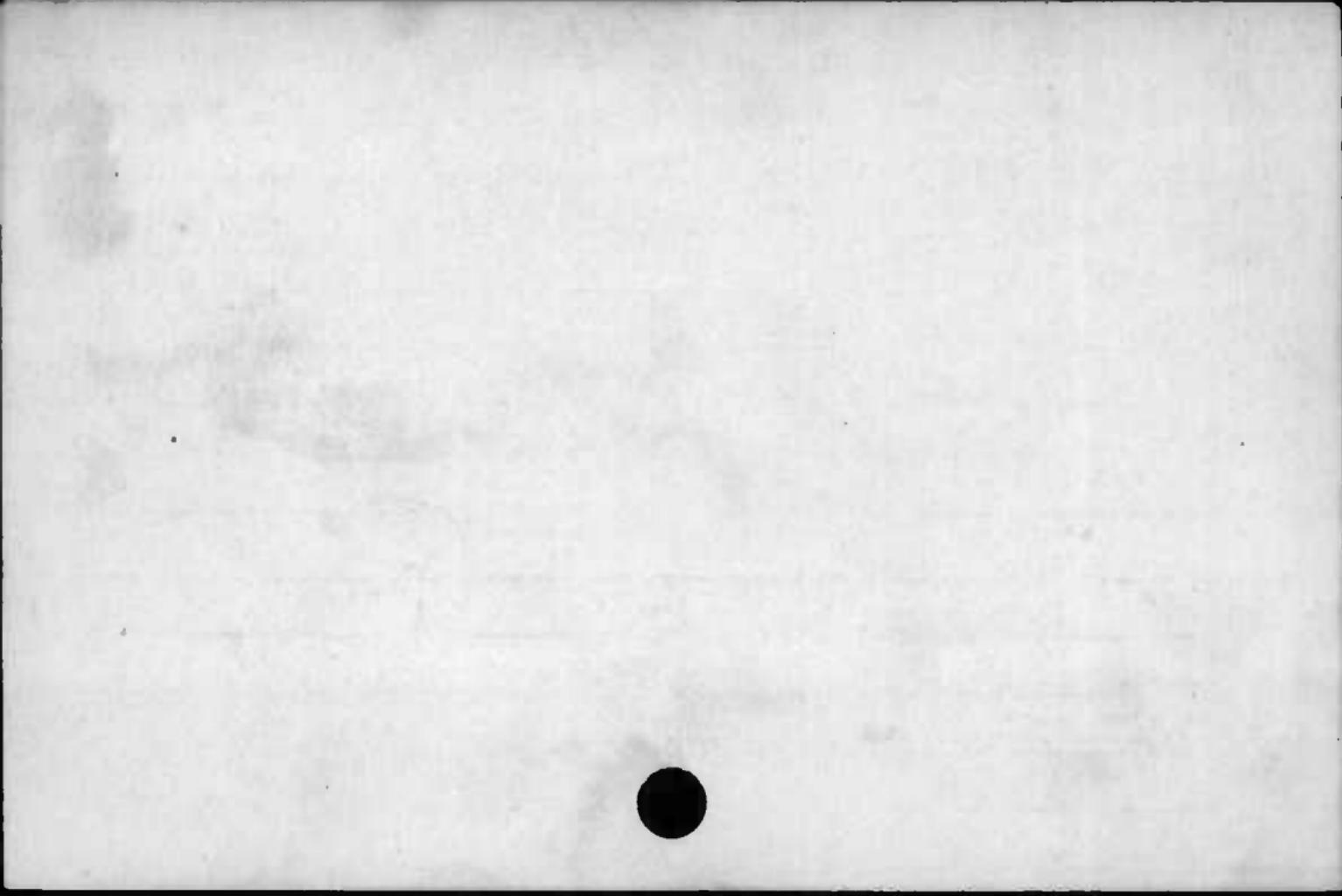
Name  
in  
Full

Hella Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Annapolis	A A bo					
Date of death	1906 July	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Color		Birth-place	Annapolis	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Frank Addison				Father's Birthplace	A A bo	
Mother's Maiden Name	Lizzie Butler				Mother's Birthplace		
Name of person giving Information	Frank Addison		105		How related to deceased	Father	
CAUSES OF DEATH							
Primary	Intestinal Catarrh			How long	3 days		
Immediate	Convulsions			How long	thrs.		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	P. P. Price			
Yes			Address	65 Cathedral St Annapolis Md			
Accident or Suicide?							



Name  
in  
Full

Susana R. Bean

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	July	14 <sup>th</sup>	Age	1 29
Sex	Color or Race	Colored		
Female				
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Spencer Bean Jr.			
Mother's Maiden Name	Charlotte Bean			
Name of person giving information	Father			

Father's Birthplace

Mother's Birthplace

How related  
to deceased

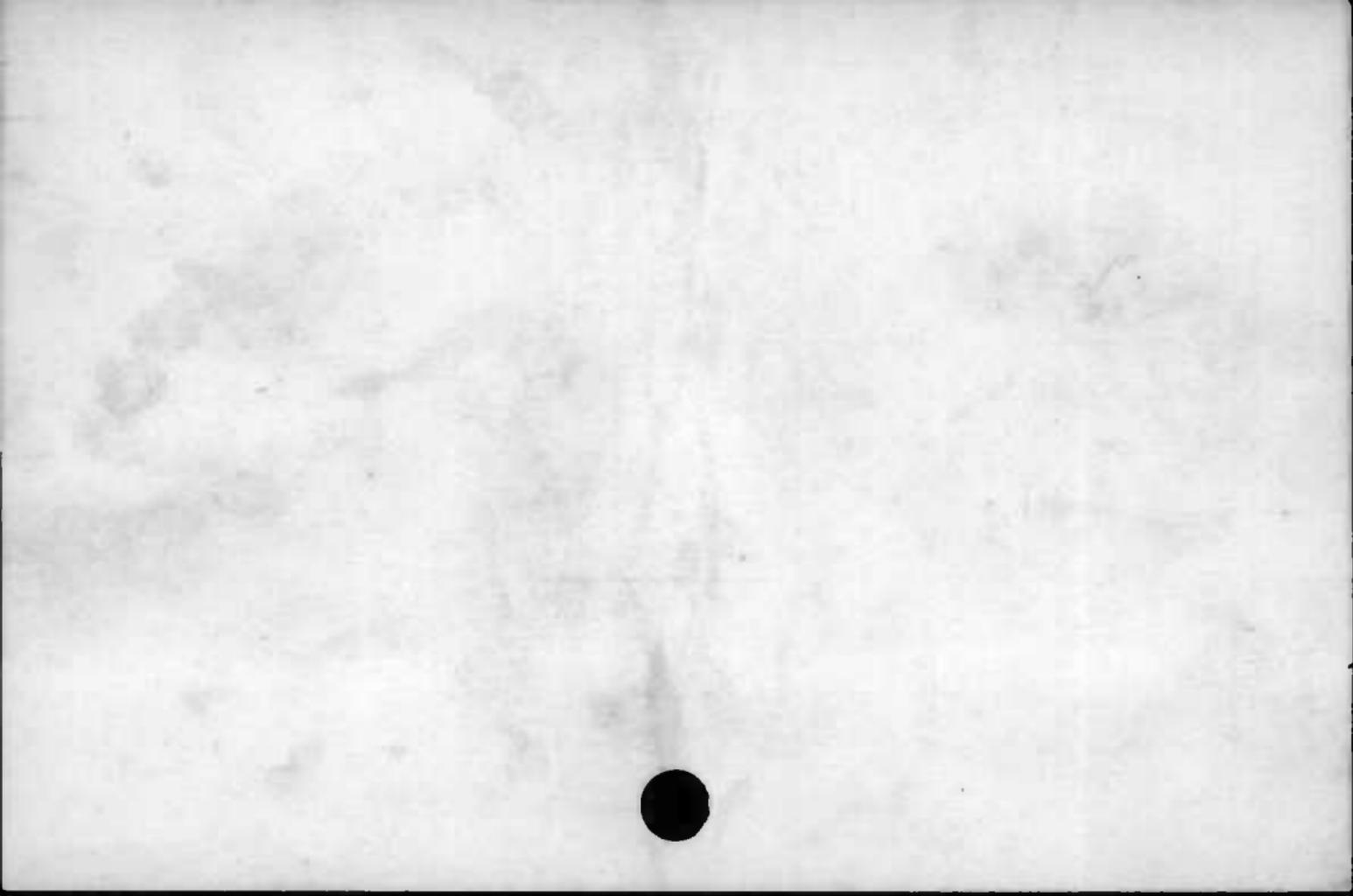
At 60.  
At 60.

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	Gastro. Enteritis
Immediate	Asthenia
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	
Address	
How long	
How long	
Accident or Suicide?	

John Ridout

113  
Annapolis  
Md



## William Beck M.D.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <b>Earleigh Heights</b> Town		County <b>Anne Arundel Co.</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>July</b>	Day <b>5th</b>	Years <b>22 yrs</b>	Months	Days
Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>Baltimore, Md</b>			
Occupation <b>physician</b>	Where Residing if not at place of death <b>1237 Washington St. Baltimore, Md</b>				
Married, Single or Widowed <b>single</b>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <b>O.B. Marden M.D.</b>	How related to deceased				

## CAUSES OF DEATH

Primary

**Drowning****112**

How long

Immediate

**Choked**

How long

Are the name, age, sex, color, date and place correctly given above?

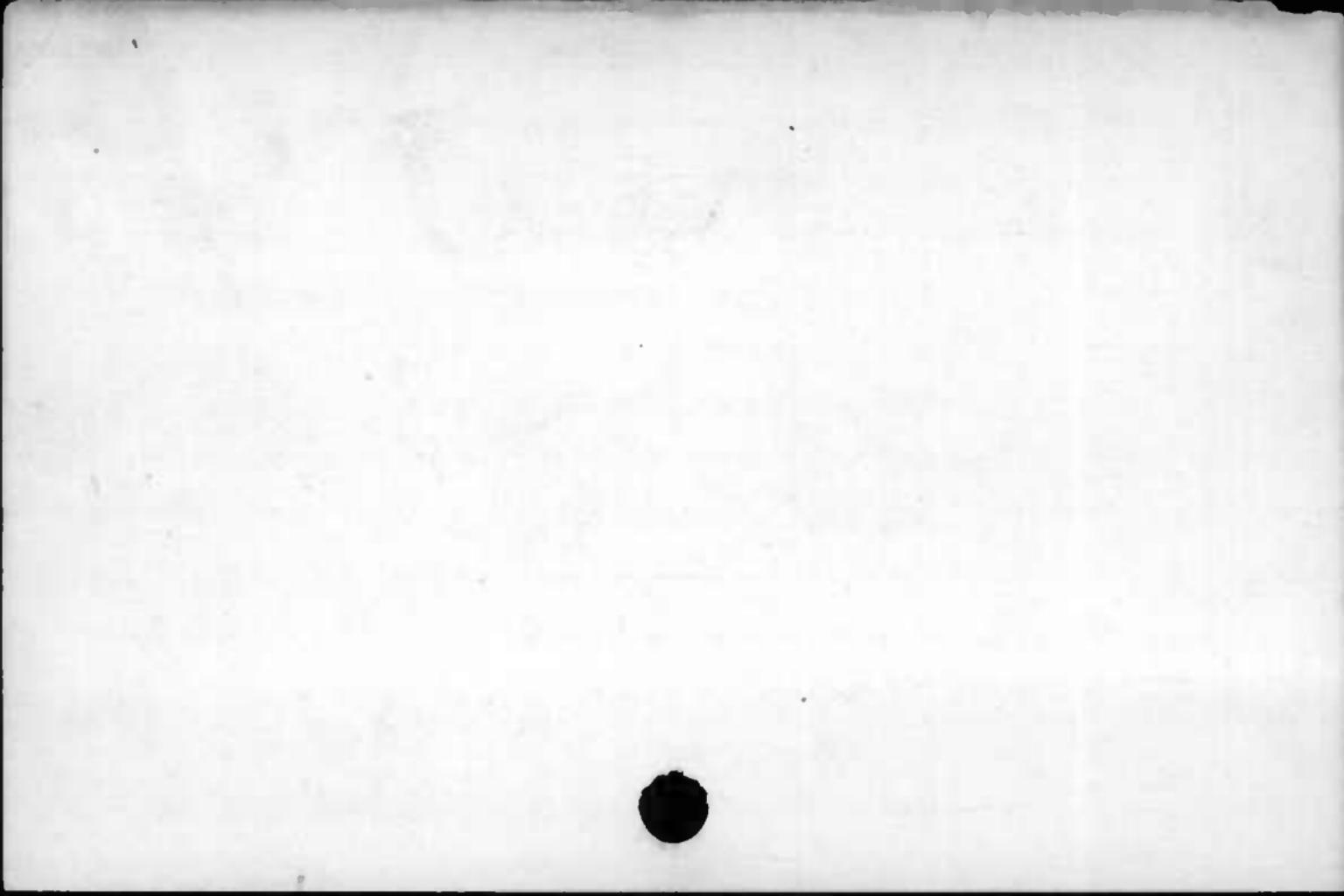
Signature of Physician

**O.B. Marden M.D.**

Address

**Earleigh Heights  
A.C. Co. Ind**

Accident



Name  
in  
Full

Henry Ann Brooks

CERTIFICATE OF DEATH

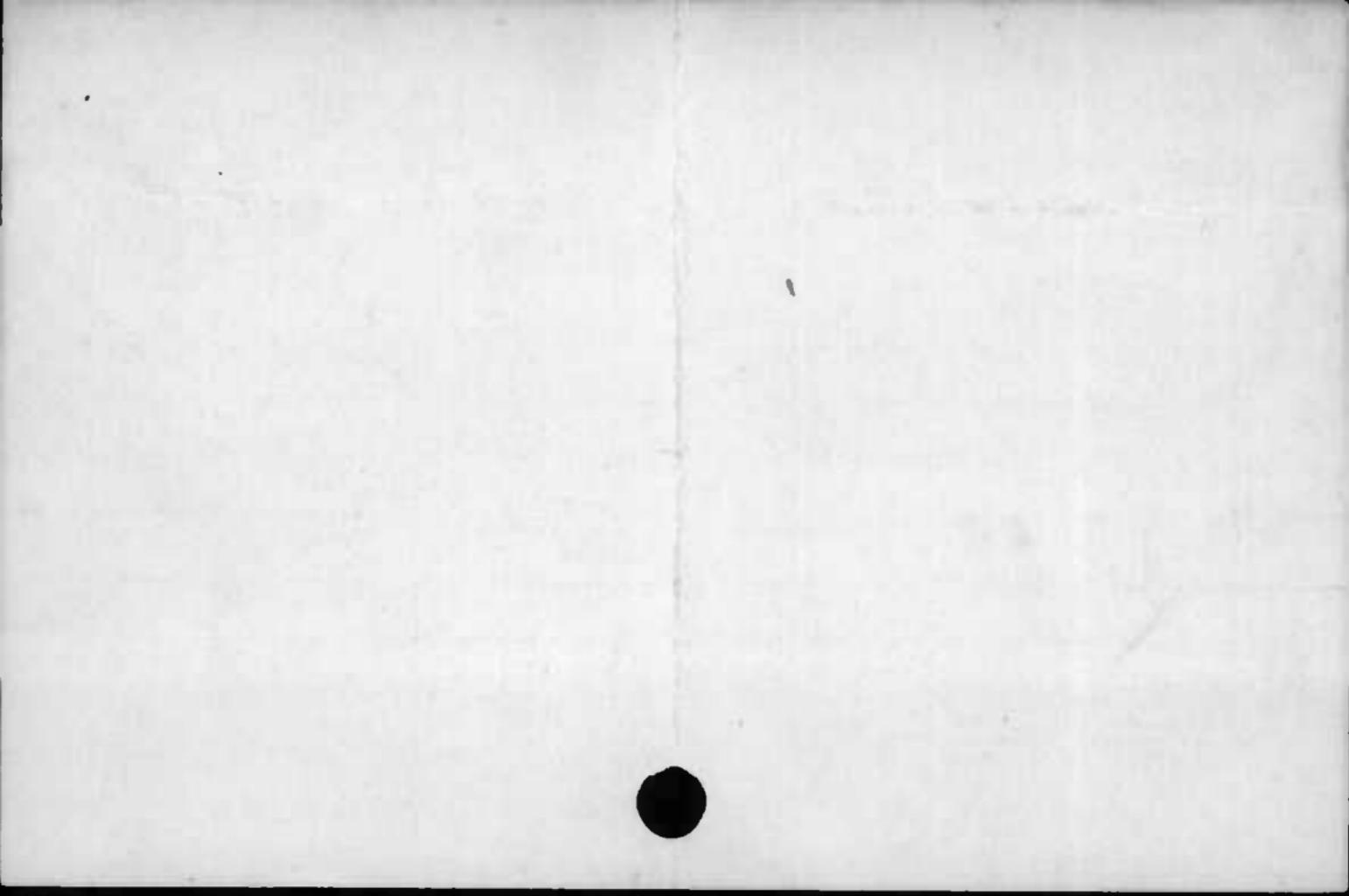
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert Brooks				
Mother's Maiden Name	Bush, Brandford				
Name of person giving information	Robert Brooks				
Father's Birthplace	P. G. Co. Md				
Mother's Birthplace	A. G. Co. Pa				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ints. Colitis	105	How long
Immediate			2wks -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. B. Gantz
		Address	Melrose
Accident or Suicide?			



Name  
In  
Full

Samuel Chester Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	—	Months	Days	
1906	July	16	Age	—	—	12	
Sex	Male	Color or Race	white	Birth-place	Anne Arundel Co.		
Occupation	____		Where Residing if not at place of death	____			
Married, Single or Widowed	Single	Name of Wife or Husband	____				
Father's Name	Edwin Chester Brooks			Father's Birthplace	Person		
Mother's Maiden Name	Rose A. Causey			Mother's Birthplace	Maryland		
Name of person giving information	Rose A. Brooks			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

How long

105

Two days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

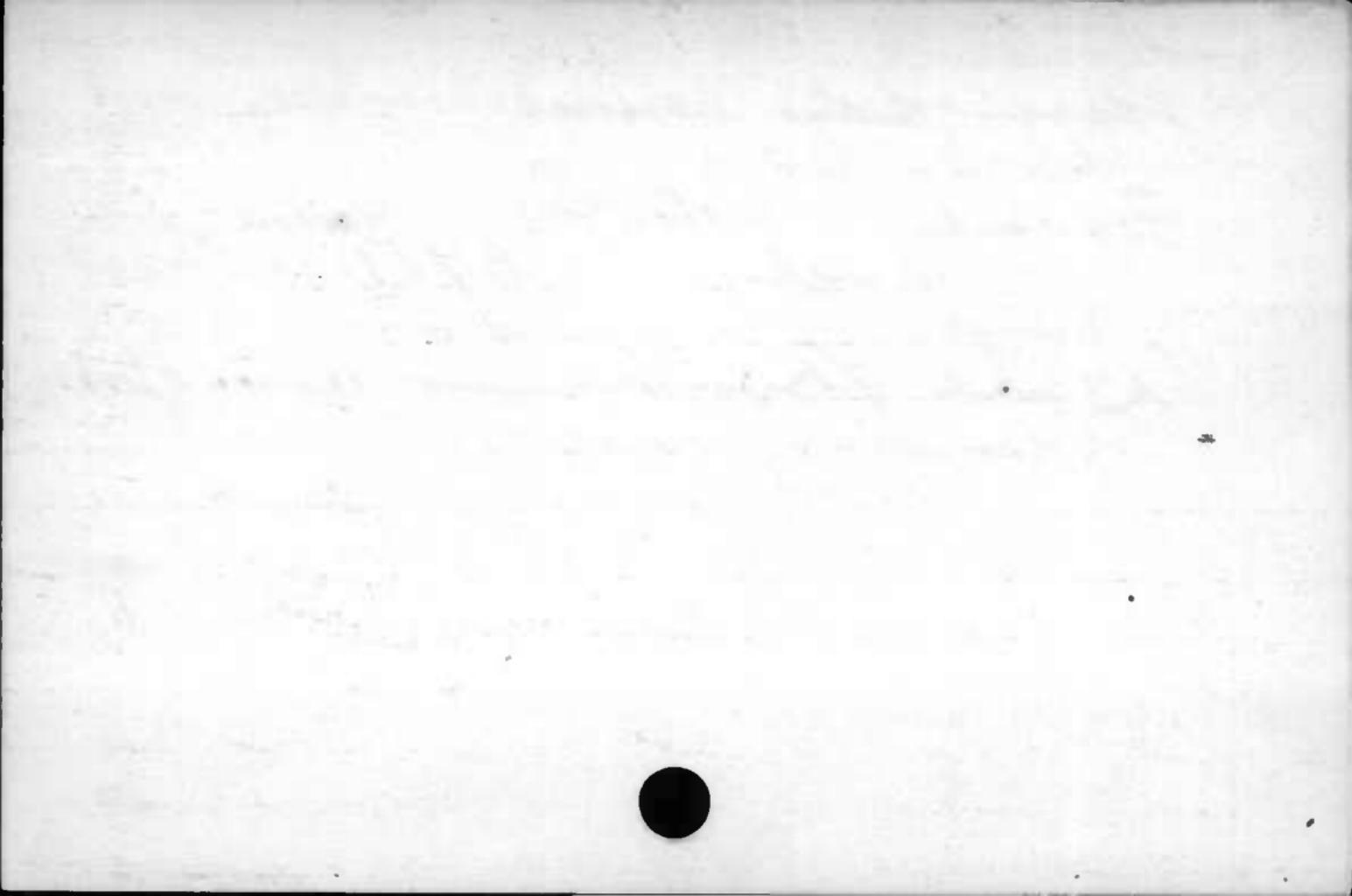
Signature of Physician

James S. Bellingslee

Address

Arriaga P.O.  
Md.

Accident or Suicide?



Name  
in  
Full

(still born) Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Month	Day	Years	Months	Days	
Date of death 1906	July	1	Age	—	—	
Sex male	Color or Race	Colored			Birth-place	
Occupation	Where Residing If not at place of death 346 action lane					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Lewis E. Brown	Father's Birthplace Annapolis Md					
Mother's Maiden Name Basile E. Brown	Mother's Birthplace " "					
Name of person giving information	How related to deceased father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

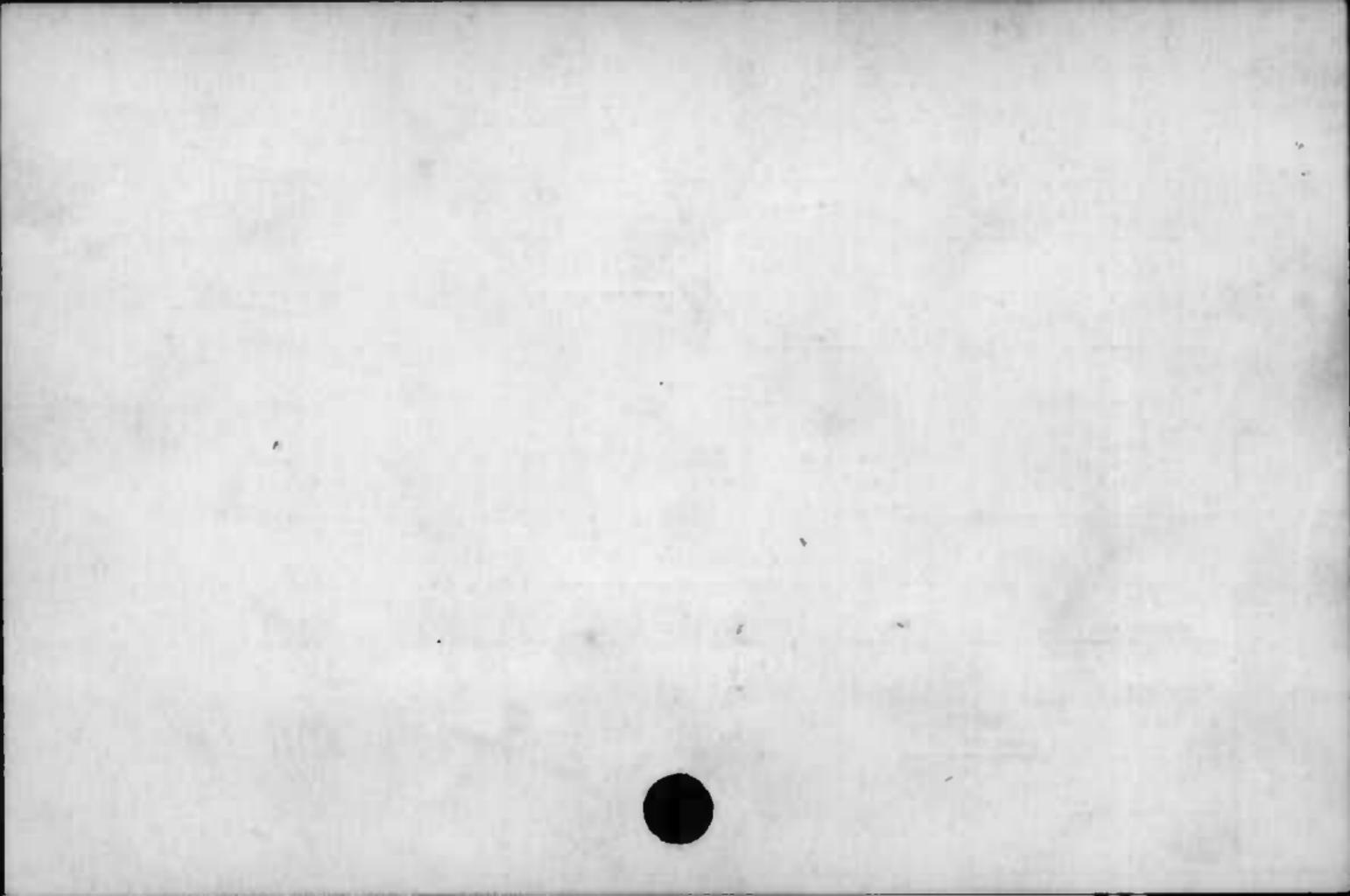
Signature of  
Physician

Address

John Ridout M.D.

Annapolis Md

Accident or Suicide?



Name  
in  
Full

Constance L. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County					
Died at Annapolis, Anne Arundel	MARYLAND					
Date of death 1906	Month July	Day 20	Age 23	Years	Months	Days
Sex Female	Color or Race Colored	Birth place Annapolis				
Occupation School Teacher	Where Residing if not at place of death 69 West Street					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Daniel Brown	Father's Birthplace Annapolis					
Mother's Maiden Name Mamie Brown	Mother's Birthplace "					
Name of person giving information Mother	How related to deceased 53					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Spleen - myelogenous Leukemia 2 Years.  
immediate Exhaustion two weeks

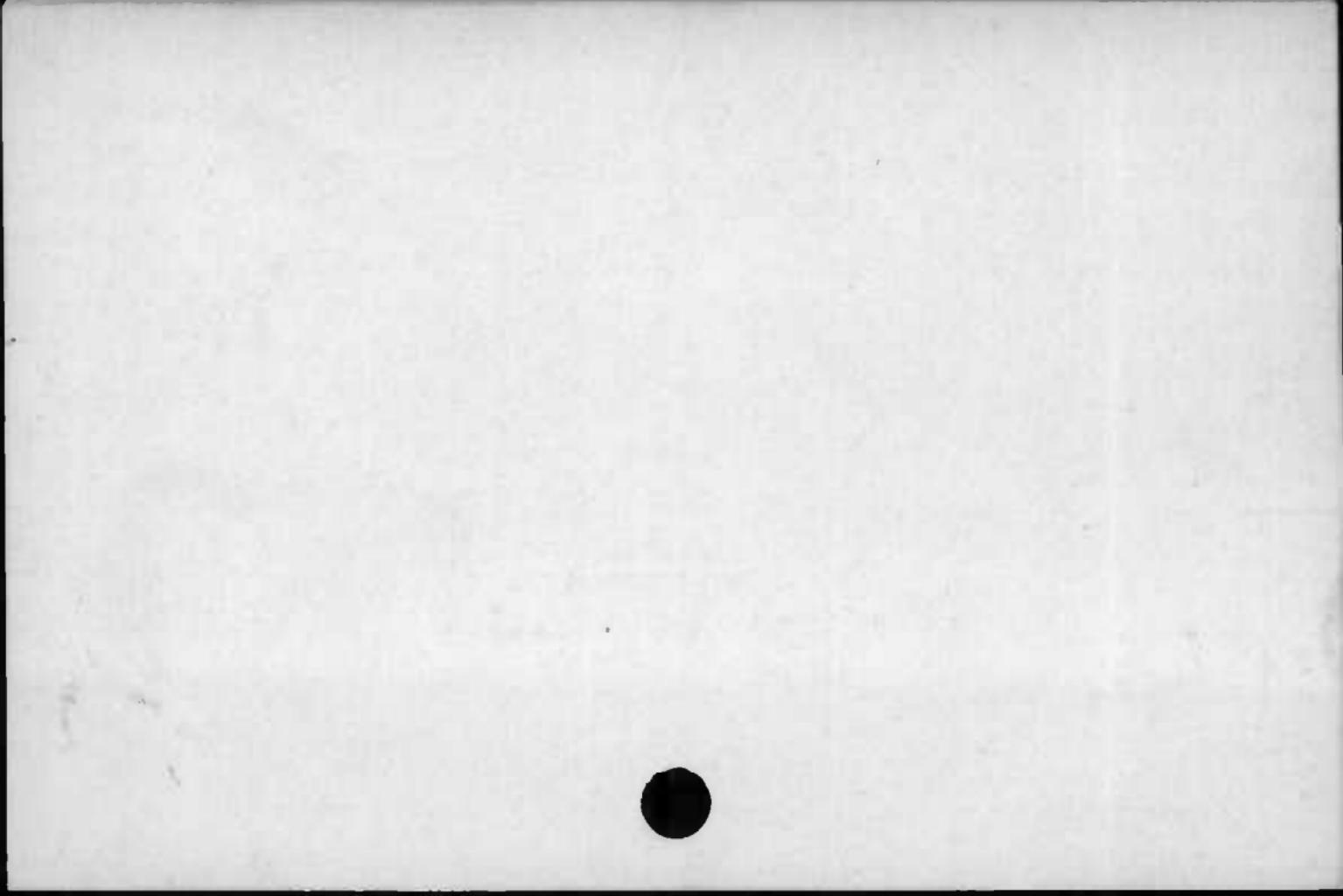
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Louis B. Henkel Jr.  
Annapolis, Md.

Accident or Suicide?



Name  
in  
Full

Thomas G. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Garfield Brown				
Mother's Maiden Name	Hilda Srinne				
Name of person giving information	Garfield Brown				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Infant. Colitis

How long

2 weeks

Immediate

Convulsions

How long

12 hr

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

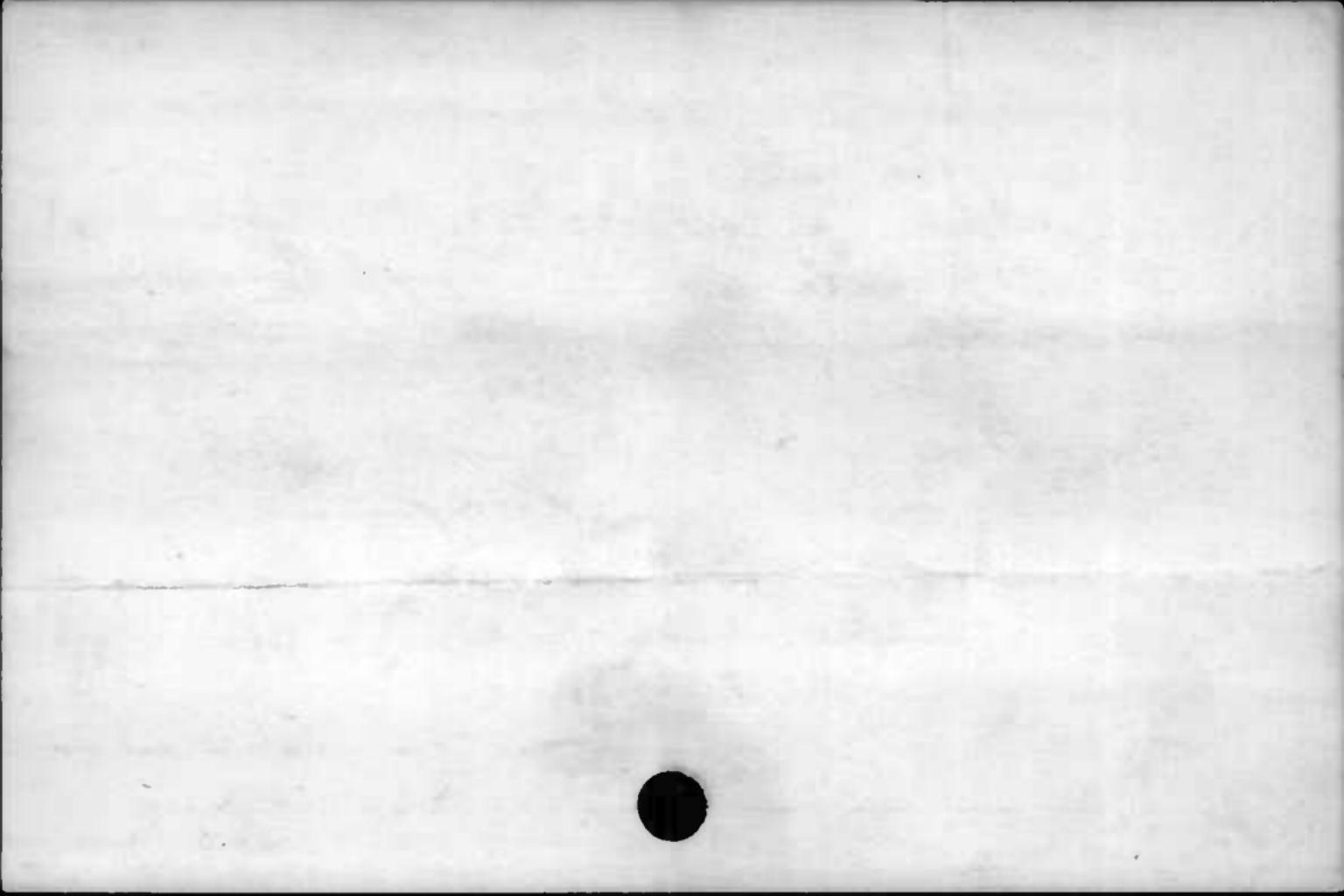
M. Whittemore M.D.

Accident or Suicide?

Within

Address

Savage Md



Name  
in  
Full

James Edward Carpenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Eight Harford Sta Anne Arundel MARYLAND  
Date of death 1906 Month July Day 4 Age 29 Years 0 Months 0 Days 0  
Sex Male Color or Race Colored Birthplace Albion  
Occupation Laborer Where Residing if not at place of death Eight Harford  
Married, Single or Widowed Single Name of Wife James Father's Name John Carpenter  
Mother's Maiden Name Byrdie Ringers Birthplace Albion  
Name of person giving information Richard Carpenter Mother's Birthplace Albion  
How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

21 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

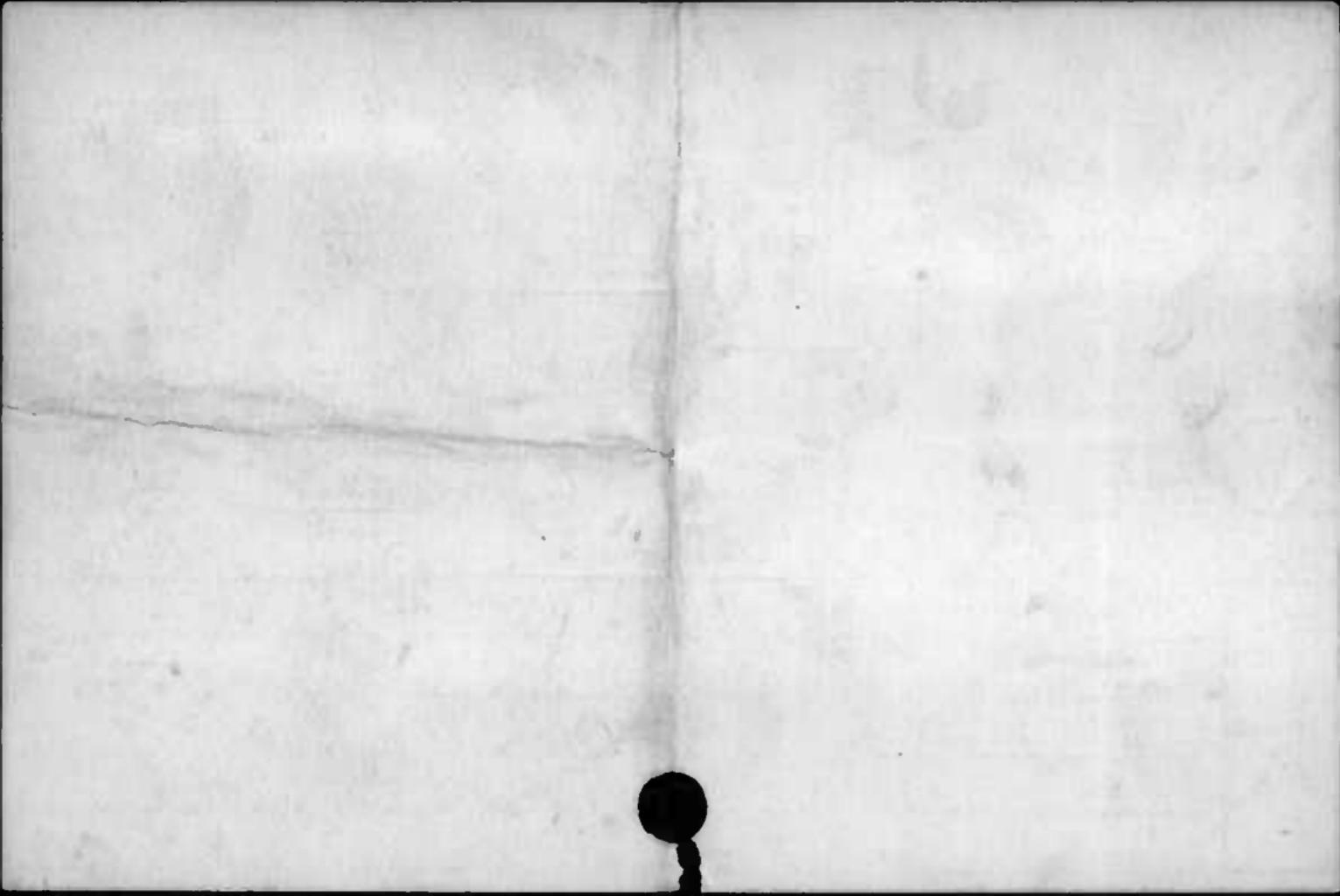
Signature of Physician

Address

Yes

John Ridout  
Annapolis  
Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>So. Baltimore</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>11</u>	Age	Years	Months	Days
Sex <u>male</u>	Color or Race	<u>col</u>		Birth-place	<u>So. C</u>	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Wm Collins</u>		Father's Birthplace <u>So</u>			
Mother's Maiden Name <u>Maggie Penn</u>	Name of person giving information <u>Father</u>		Mother's Birthplace <u>So</u>			
How related to deceased						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough

(8)

How long

Immediate

Malaria

How long

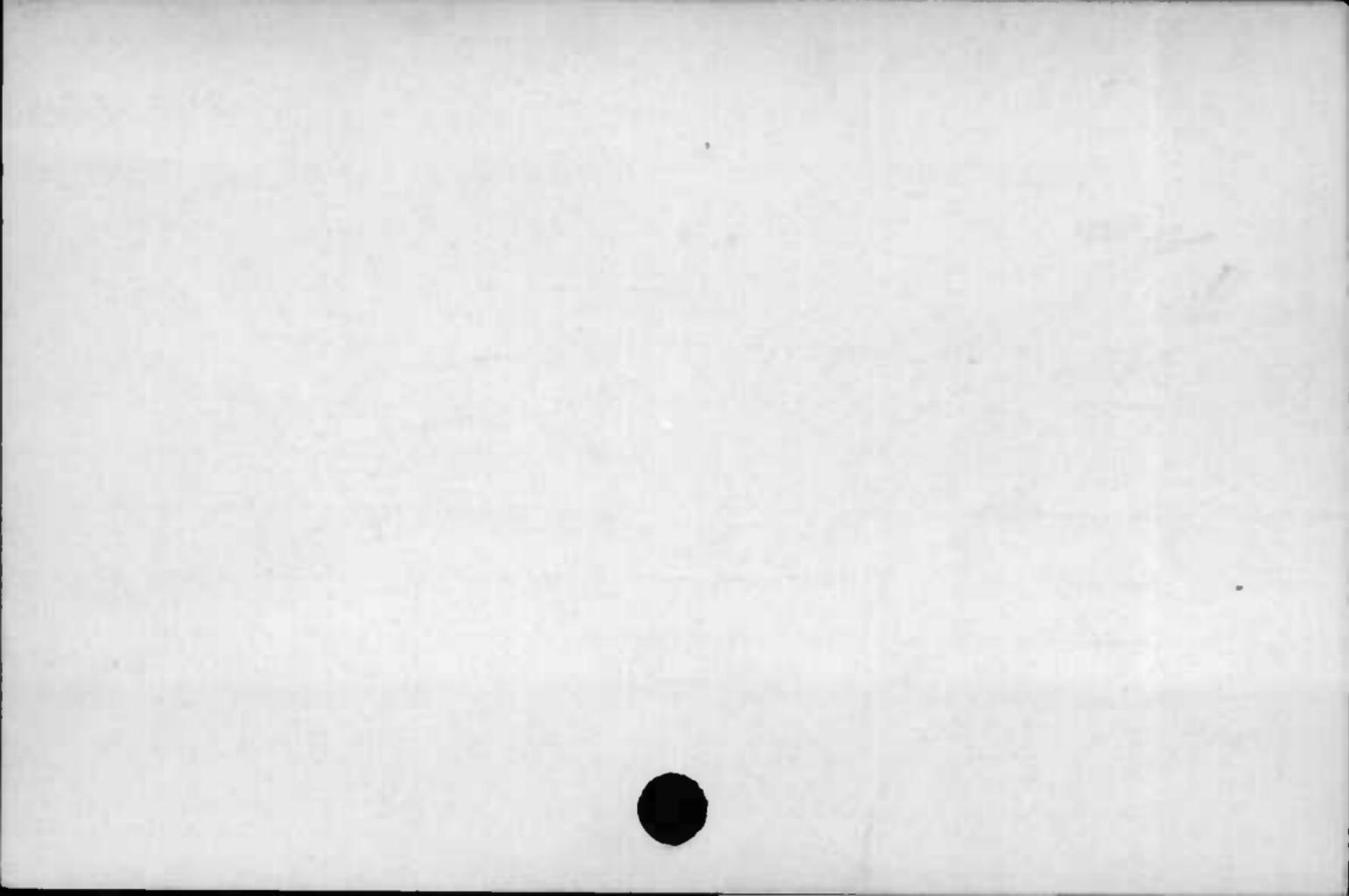
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wellinch coroner

Accident or Suicide?



Name

In  
Full

Ernest - Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Died at	Maynards 70	Anne Arundel		
Date of death	1906	Month	Age	Years
		July	18	—
Sex	Male	Color or Race	White	Birth-place
Occupation	—	Where Residing if not at place of death	—	—
Married, Single or Widowed	Single	Name of Wife or Husband	—	—
Father's Name	Henry D. Cook	Father's Birthplace	A.A.C.	
Mother's Maiden Name	Sarah T. Chard	Mother's Birthplace	A.A.C.	
Name of person giving Information	Sarah T. Cook	How related to deceased	Mother	105

## CAUSES OF DEATH

Primary	Acute Intestinal Intoxication		How long	Four days
Immediate	Meningitis		How long	Twelve hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James S. Bellingshaw, M.D.	
		Address	Armiger Mo	
Accident or Suicide?	No -			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<h1>Jennie Dennis</h1>				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death	1906	Month July	Day 22	Years 36	Months	Days	
Sex	Female	Color or Race	Colored		Birth-place	Md	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Husband	Edward Mr Dennis		Father's Birthplace	Va
Father's Name	Lewis Sorrell				Mother's Birthplace	Md	
Mother's Maiden Name	Josephine Byas				How related to deceased	Father in Law	
Name of person giving information	Josh Dennis						

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Intestinal Tuberculosis

29

How long

8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. T. Denk  
Washington

Accident or Suicide?



Name  
in  
Full

Lucy Desantis

CERTIFICATE OF DEATH

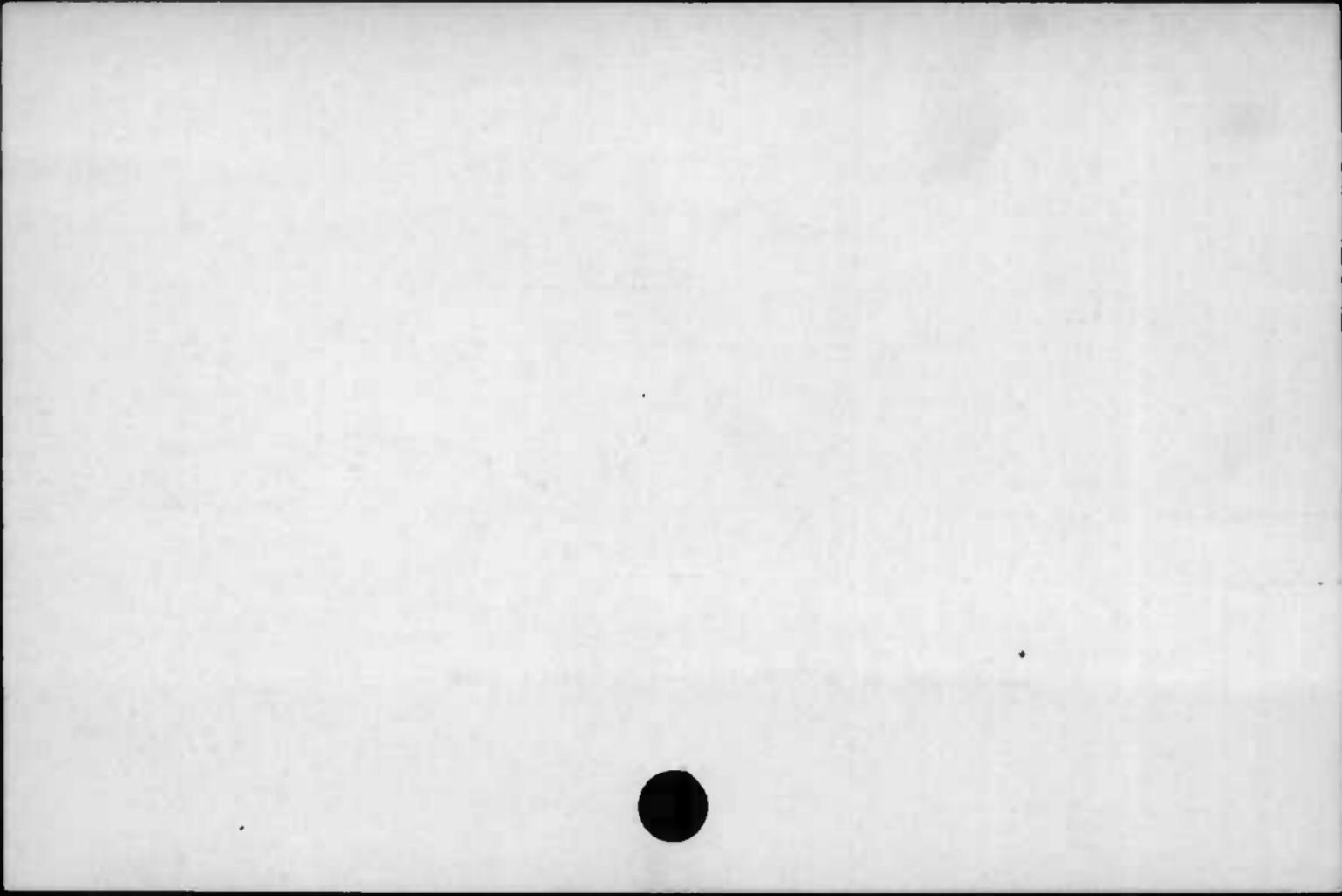
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place	Annapolis Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Pegale Desantis 105					Father's Birthplace Italy
Mother's Maiden Name	Mary Mazza					Mother's Birthplace "
Name of person giving information	Pegale Desantis					How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition & Dyspeptic diarrhea		How long 105
Immediate	Branch of pneumonia		How long 24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	Jolies Purvis Annapolis Md
Accident or Suicide?		22	



TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Annapolis	County		MARYLAND	
Date of death	1906	Month July	Day 7	Age 41	Years	Months
Sex	Female	Color or Race	White	Birth-place	Days 16	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Pasquale De Santis		
Father's Name	Davero Maggio		Davero Maggio			Father's Birthplace Italy
Mother's Maiden Name	Rosa Sisiani		Rosa Sisiani			Mother's Birthplace Italy
Name of person giving information	Pasquale De Santis		Pasquale De Santis			How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Hypertrophic Cirrhosis of Liver

How long

about 2 yrs?

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

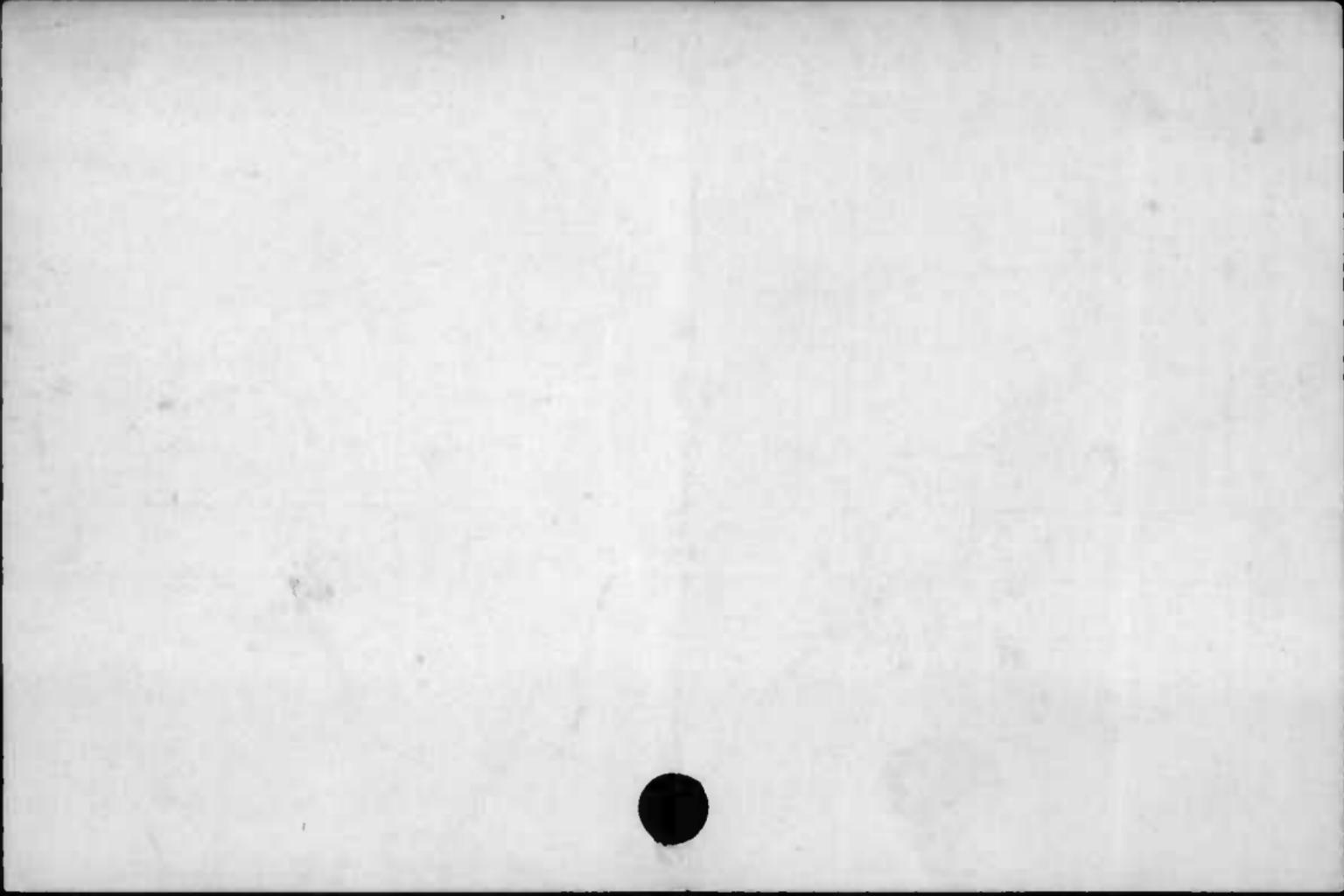
Signature of Physician

Address

John Purvis  
Annapolis  
Md

Accident or Suicide?

No



Name  
in  
Full

Ruth Matilda Dooley -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Armenians</u>		Town	Anne arundel		County	MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>5</u>	Age <u>72</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>aa co</u>		<u>md</u>	
Occupation <u>Housewife</u>	Where Residing If not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Morris Coopers</u>	Father's Birthplace <u>aa co</u>						
Mother's Maiden Name <u>Charlotte Brown</u>	Mother's Birthplace <u>aa md</u>						
Name of person giving information <u>Charlotte Coopers</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

Primary <u>old age</u>	<del>old age</del>	How long <u>65</u> years
immediate <u>Cerebral softening</u>		How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. H. Lorraine</u>	
	Address <u>Armenian</u>	
Accident or Suicide?		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sarah Elizabeth Ellison

CERTIFICATE OF DEATH

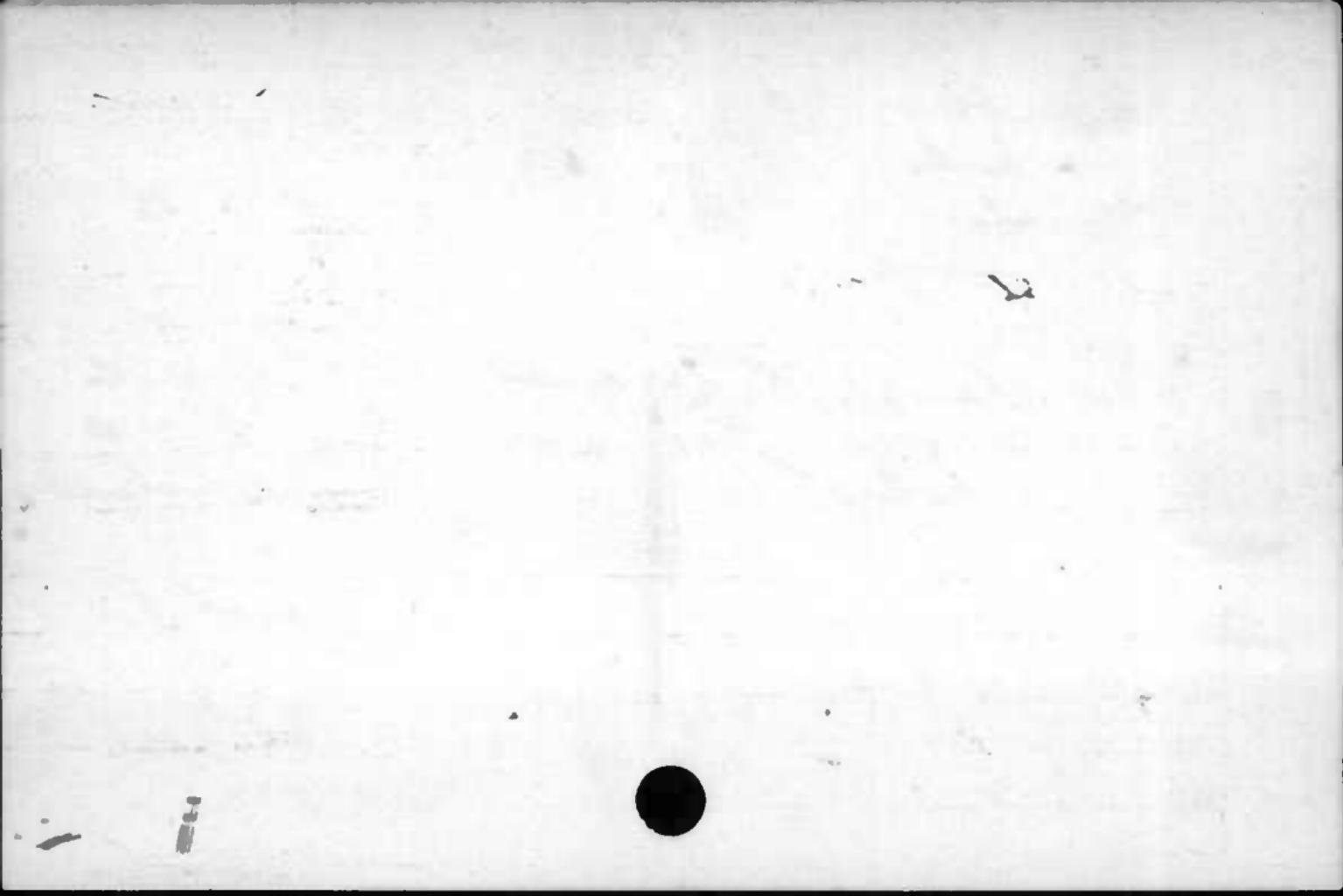
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lake Shore P. O.</u> <small>Town</small>		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>15</u>	Years <u>64</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>A. A. Co.</u>			
Occupation <u>Housewife</u>		Where Residing If not at place of death <u> </u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John F. Ellison</u>				
Father's Name <u>Asherry Stinchcomb</u>	Father's Birthplace <u>A. A. Co.</u>				
Mother's Maiden Name <u>Margaret Robinson</u>	Mother's Birthplace <u>A. A. Co.</u>				
Name of person giving Information <u>John F. Ellison</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dysentery</u>	How long <u>about 3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>James S. Bellingslea MD</u>
Address <u>Armiger</u>	
Accident or Suicide? <u>No</u>	



Name  
in  
Full

CERTIFICATE OF DEATH

Elvora Foster

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	Adt
Date of death 1906	Month July	Day 23 <sup>rd</sup>	Years
Sex Female	Color or Race Colored	Birth-place Minneapolis	Months 7
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Manasseh's  
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

How long

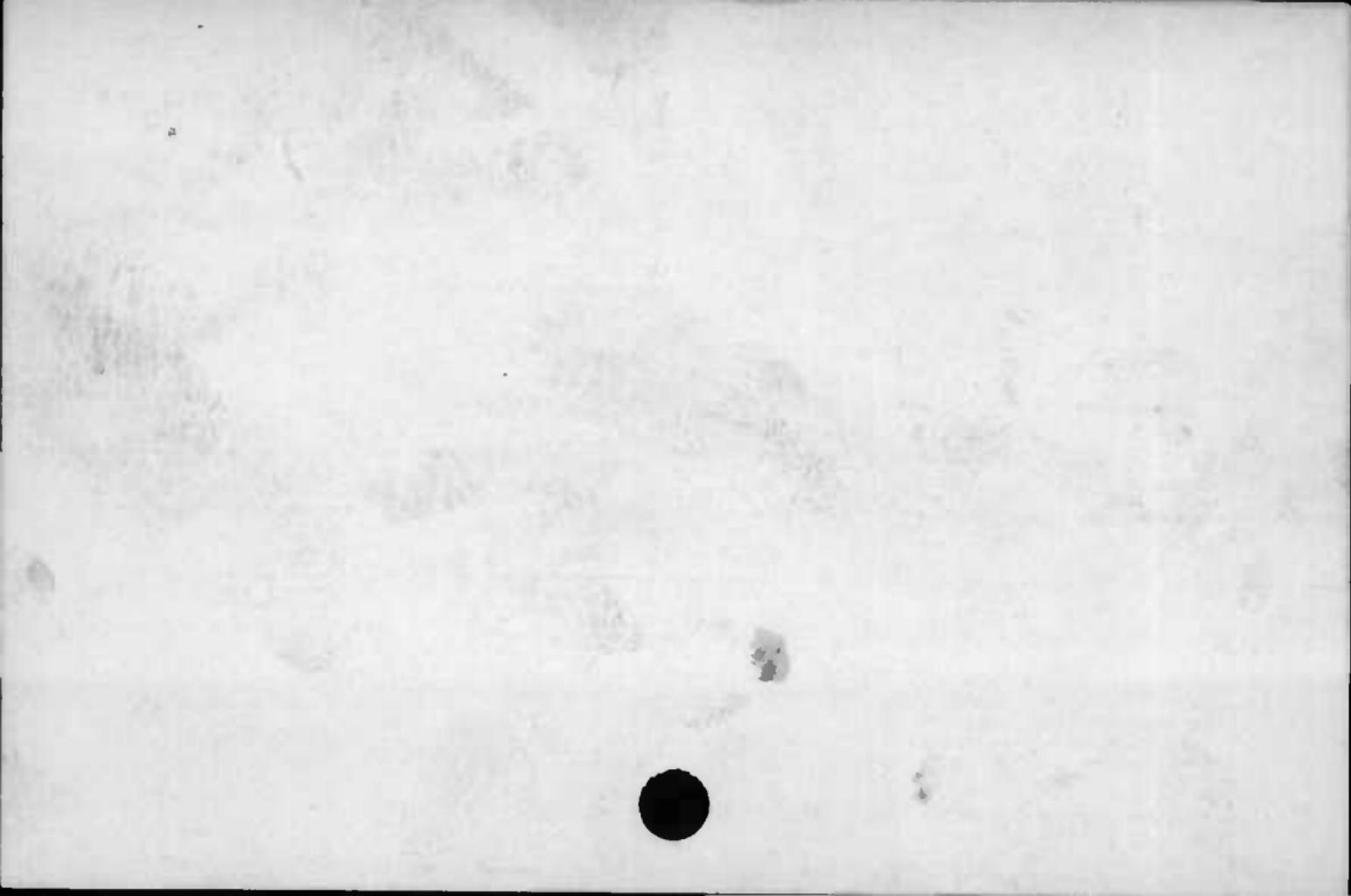
17 months

How long

gradual

John Dugay  
Minneapolis  
M.D.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bristol</u>		Town	County <u>A. A. Co.</u>		MARYLAND	
Date of death <u>1906 July 13</u>	Month	Day	Age <u>24</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race	<u>Black</u>		Birth-place	<u>A. A. G. Yd</u>	
Occupation <u>Cook</u>	Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph Franklin</u>				Father's Birthplace	<u>—</u>
Father's Name <u>Wesley Powell</u>				Mother's Birthplace	<u>—</u>	
Mother's Maiden Name <u>Laura Larkin</u>				How related to deceased	<u>Husband</u>	
Name of person giving information <u>Joseph Franklin</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis - 21

How long

6 mrs

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr Griffith

Address

Upper Marlboro

Accident or Suicide?

Did not die in car until July 9<sup>th</sup>



Elzey, Thomas Garrison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place	Ann Arundel Co MD	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Garrison		Father's Birthplace			
Mother's Maiden Name	Ella Johnson		Mother's Birthplace			
Name of person giving information	William Garrison		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enlarged Coelis  
Exhaustion

105

How long

6 weeks

Immediate

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Elzey Garrison  
Registrar

Accident or Suicide?



Name  
in  
Full

Geo T Garrison

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Dentonsland		Anne Arundel		Month	Years	Months
Date of death	1906	July	18	Age	55	Days
Sex	male	Color or Race	Colored	Birth-place	Anne Arundel Co	
Occupation			Where Residing if not at place of death			
Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sepsis

How long

154

—

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

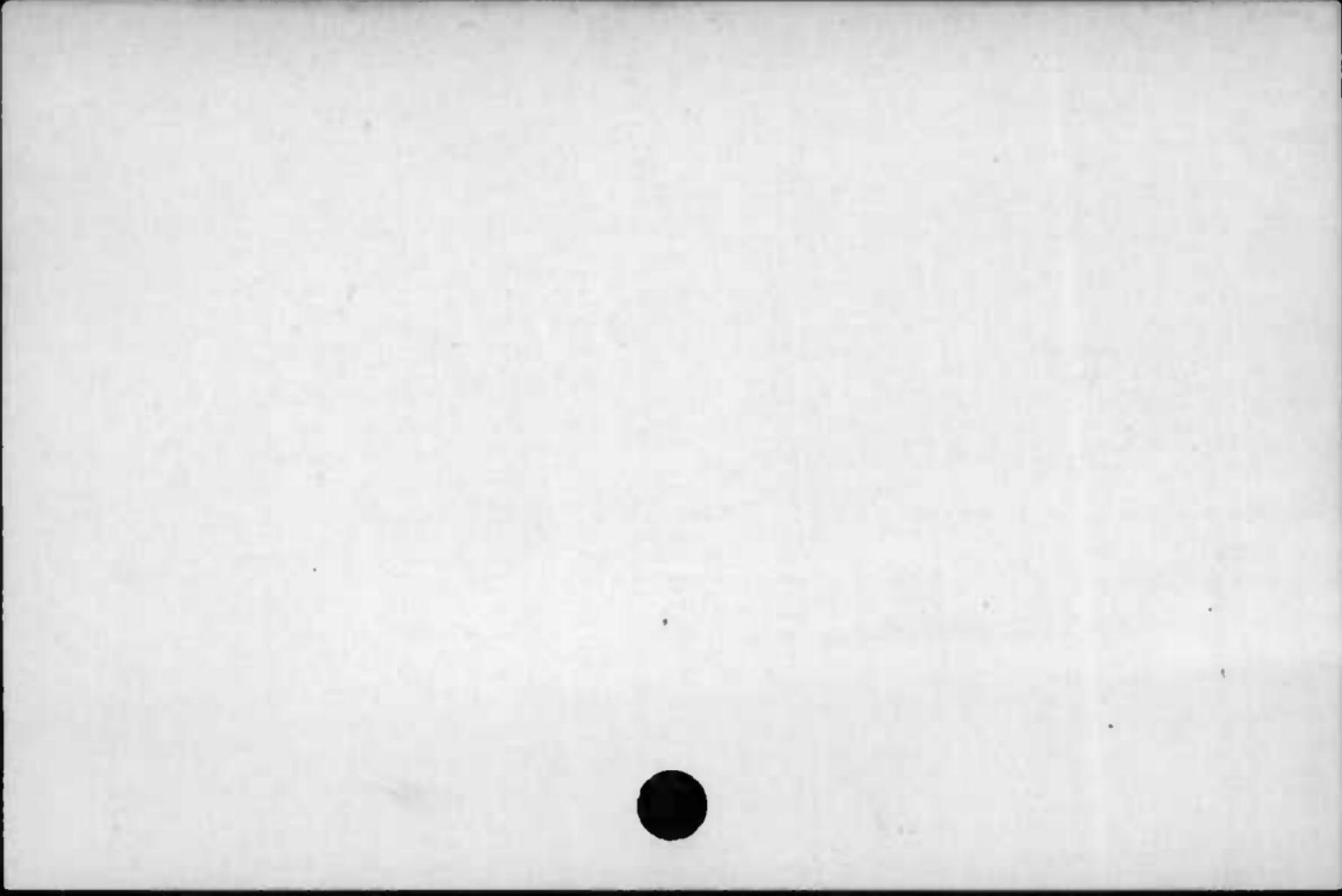
yes

Signature of Physician

Address

Dentonsland,  
Davidsonville, Md.

Accident or Suicide?



Name  
in  
Full

James M. Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1906	Month July	Day 2	Age 57	Years	Months
Sex	Female		Color or Race	Black		Birth-place
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband		James W. Hawkins			
Father's Name	John S. Briggs		A.A. Co. Md			
Mother's Maiden Name	Margaret Briggs		A.Q. . .			
Name of person giving information	Isaac Hale					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

3 yrs -

Immediate

Are the name, age, sex, color, date and place correctly given above?

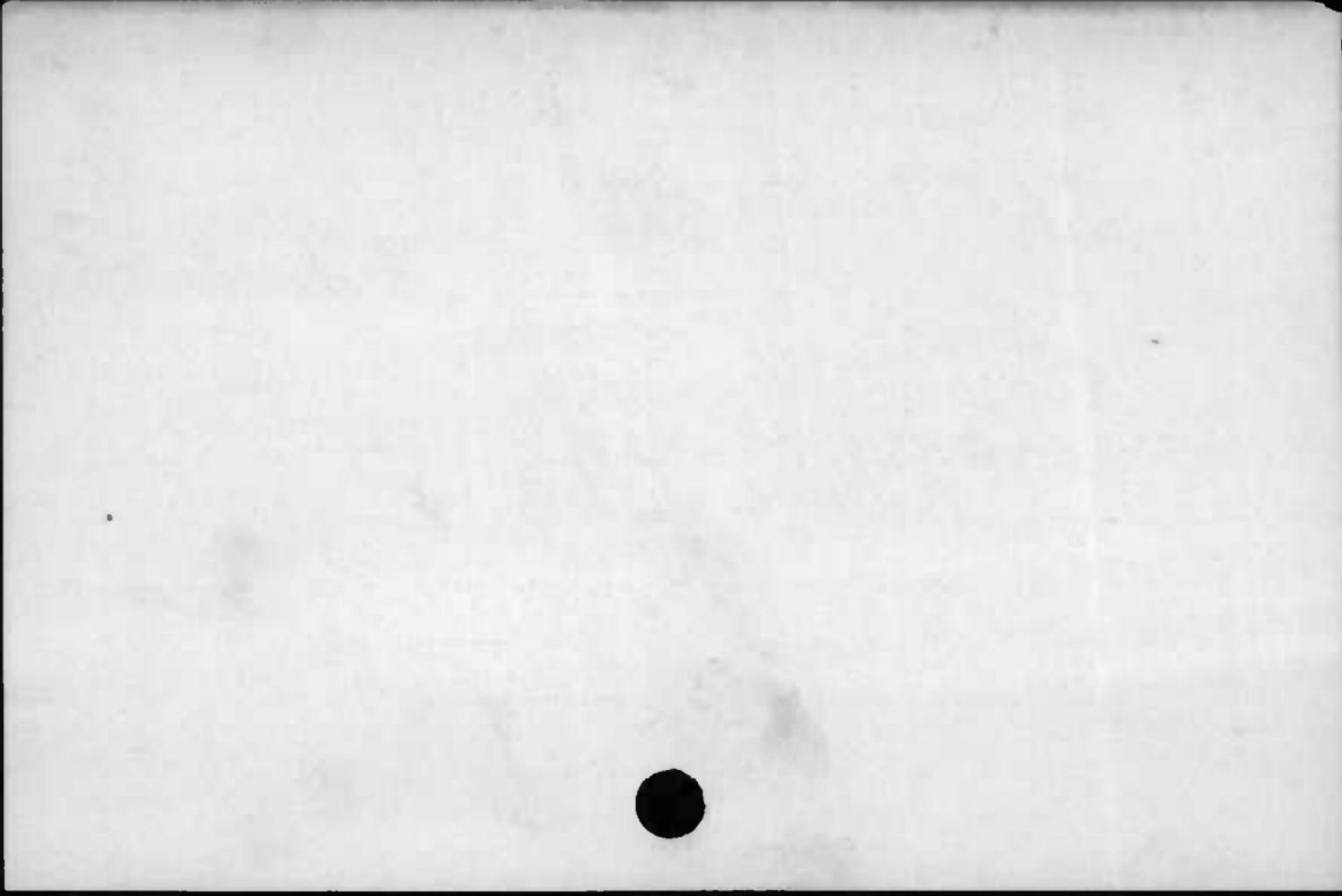
js.

Signature of Physician

Address

R. B. Bryant  
Milwaukee -

Accident or Suicide?



Name  
In  
Full

John Curtis Herring

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>545 Annapolis</u>		Month <u>July</u>	Day <u>25</u>	Age <u>28</u>	Years	Months <u>6.</u>	Days <u>25</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Washington D.C.</u>					
Occupation <u>Plasterer</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Andrew J. Herring</u>	Father's Birthplace <u>—</u>						
Mother's Maiden Name <u>Sarah J. Herring</u>	Mother's Birthplace <u>—</u>						
Name of person giving information <u>Brothers + Sisters</u>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Burns 2<sup>nd</sup> Degree entire body</u>	How long <u>6 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walton H. Hopkins M.D.</u>
Address <u>Annapolis Md</u>	
Accident or Suicide? <u>Accident</u>	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Horn  
Annapolis ad

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death 1906	Month July	Day 5	Years 50
Sex Male	Color or Race Colorado	Birth-place ad	
Occupation Labour	Where Residing if not at place of death 26 Court St		
Married, Single or Widowed Married	Name of Wife or Husband Laura Horn	Father's Birthplace ad	
Father's Name Hopkins		Mother's Birthplace ad	
Mother's Maiden Name Annie Russell		How related to deceased Sister	
Name of person giving information May Fry			

CAUSES OF DEATH

Primary

Nephritis (20)

How long

8 months

Immediate

uraemic poison

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. P. Keeler

Address

60 Cathedral St  
Annapolis Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

James Holland				CERTIFICATE OF DEATH			
Died at	Town Churchton	County Md	MARYLAND				
Date of death	Month July	Day 8	Age 9	Years	Months	Days	
Sex Male	Color or Race Colored	Birth- place Md					
Occupation None	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband —						
Father's Name Jacob Albert Holland	Father's Birthplace Md						
Mother's Maiden Name Mary E Makall	Mother's Birthplace Md						
Name of person giving Information J. A. Holland	How related to deceased Father						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pharyngeal Abscess  How long 8 days

Immediate Rupture of Abscess (shangulah) — How long —

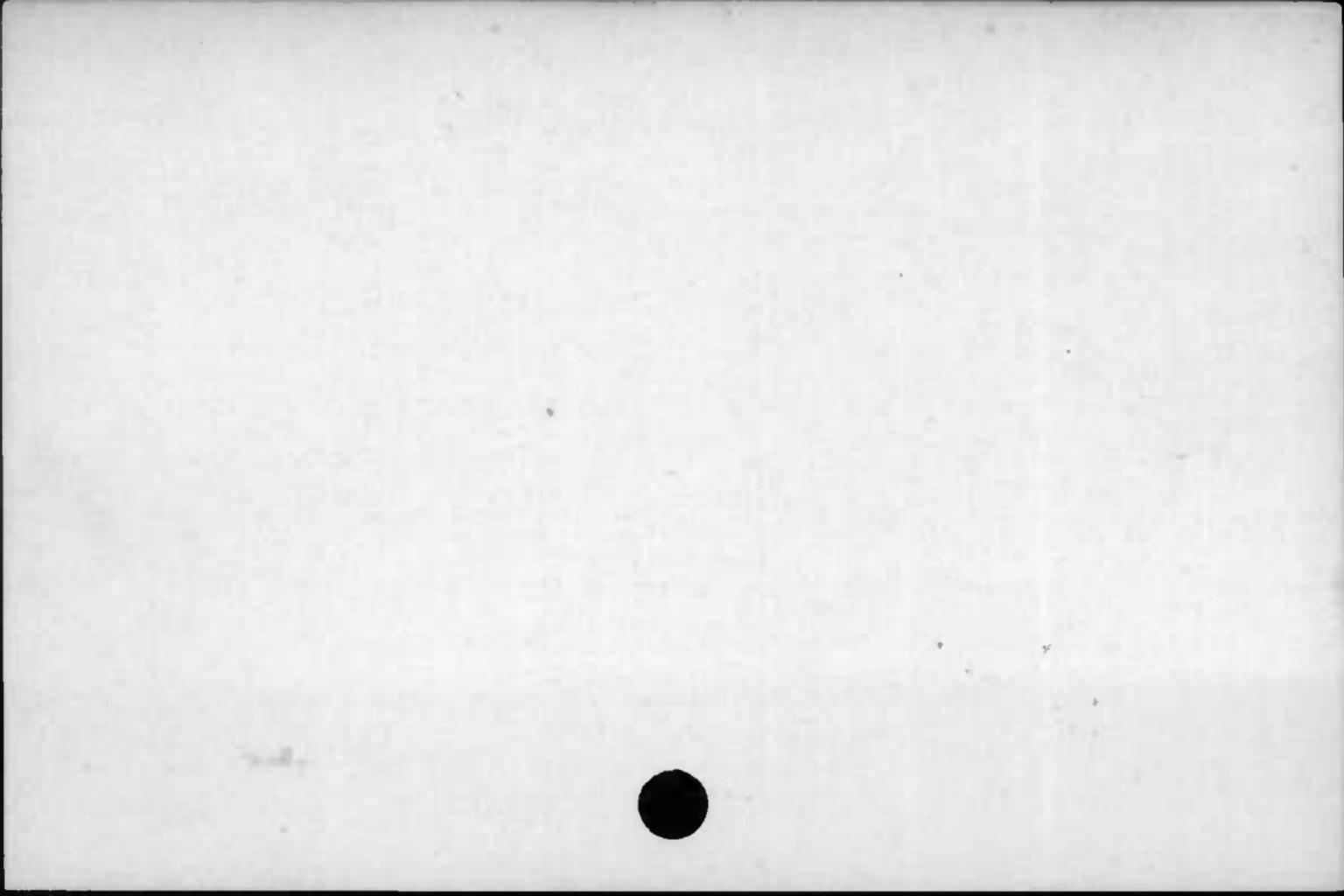
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of  
Physician

Address

J. A. Holland  
Churchton, Md

Accident or Suicide? —



Name  
in  
Full

Oliver Hansen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Age	Months	Days
Sex Male	Color or Race	33		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accidental drowning

How long

172

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Francis J. Jenneski

7/2/1

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Lakeshore Town

County

MARYLAND

Date of death <u>1906</u>	Month <u>July</u>	Day <u>2</u>	Age <u>4</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Frank Jenneski</u>					
Mother's Maiden Name	<u>Don't Know</u>					
Name of person giving information	<u>H. C. Linsted</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Summer & worked 105 How long 2 weeks  
Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above?

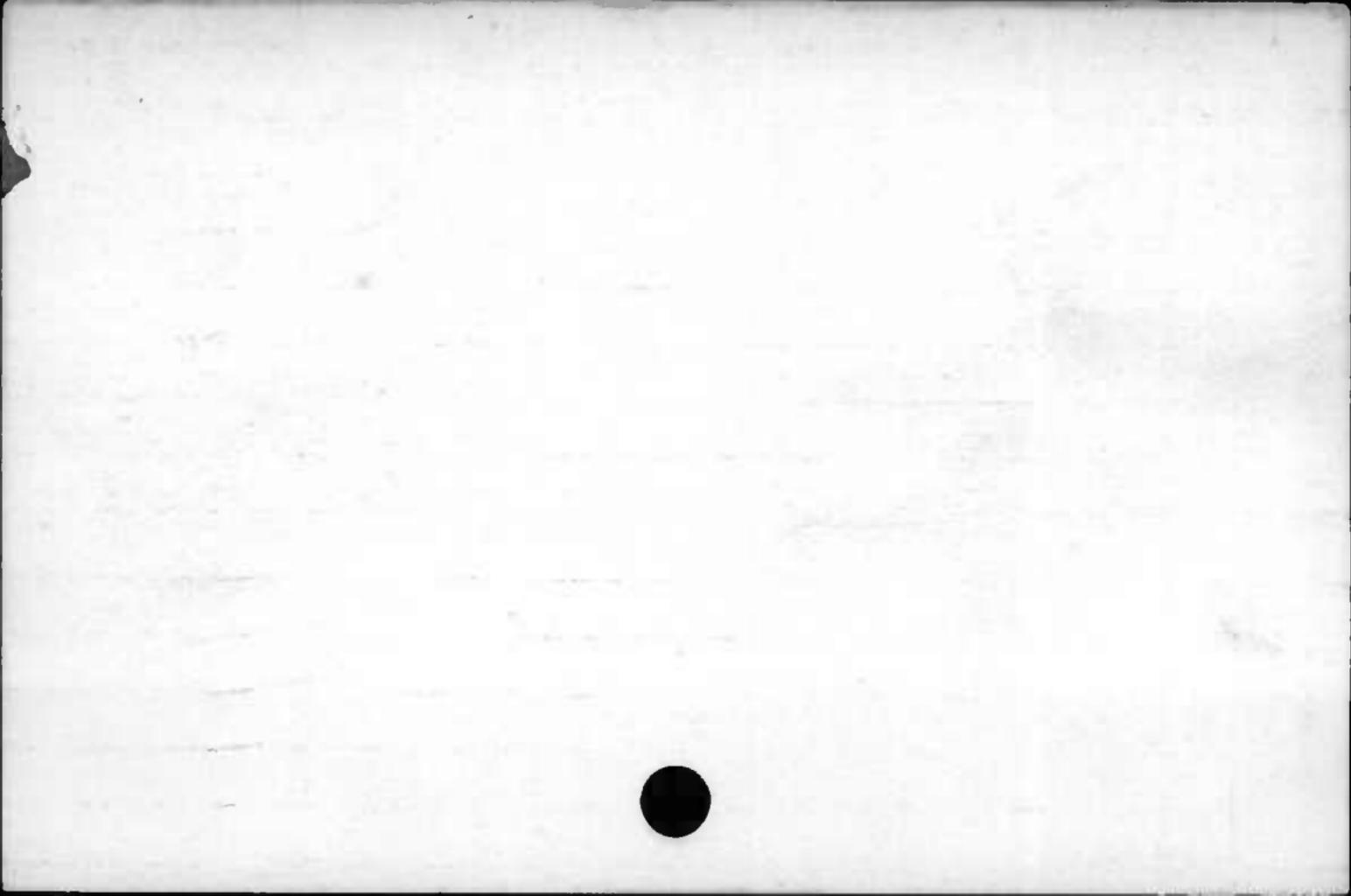
yes

Signature of Physician

No Physician

Address

Accident or Suicide?



Name  
in  
Full

Jane Johnson

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dear Parole</u>		Town <u>Anne Arundel Co.</u>	County <u>Anne Arundel Co.</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>3rd</u>	Years <u>69</u>	Months <u>8</u>	Days <u>+</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>West River A. A. Co.</u>				
Occupation <u>Servant</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife Husband <u>Elias Johnson</u>					
Father's Name <u>John Hoag</u>	Father's Birthplace <u>West River A. A. Co.</u>					
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>Anne Arpolis Md.</u>					
Name of person giving information <u>Her daughter</u>	How related to deceased <u>daughter.</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

By senility & diarrhoea

(14)

How long

Several days.

Immediate

Exhaustion"

Are the name, age, sex, color, date and place correctly given above?

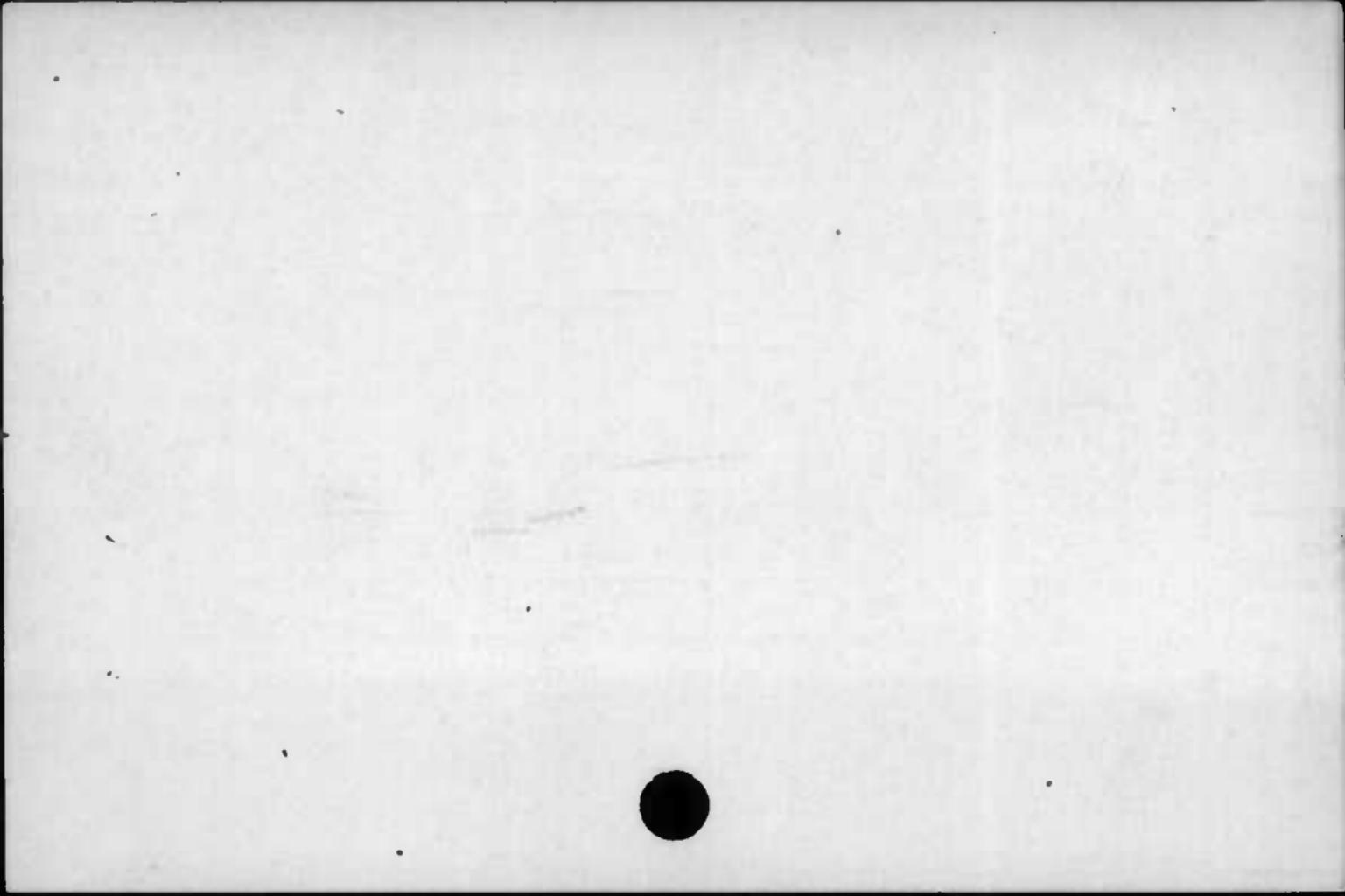
yes as far as I know

Signature of Physician

J. H. Thompson M.D.

Address

Accident or suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<i>Ferdman V. Kimball</i>				CERTIFICATE OF DEATH			
Died at <i>Annapolis</i>		Town	County	<i>a a</i>		MARYLAND	
Date of death <i>1906 July 8</i>	Month	Day	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race	<i>White</i>		Birth-place	<i>Annapolis</i>		
Occupation	Where Residing if not et place of death						

Married, Single  
or Widowed *Single* Name of Wife or  
Husband

Father's Name *John S. Kimball*

Father's Birthplace *Baltimore*

Mother's Maiden Name *Mary C. Leamant*

Mother's Birthplace *Annapolis*

Name of person giving  
Information *John S. Kimball*

How related  
to deceased *Father*

CAUSES OF DEATH

Primary

*Dept heart*

⑨

How long

*4 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*J. May  
Annapolis*

PHYSICIAN  
OR CORONER

Accident or Suicide?



Kennedy, Benjamin Tieduff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>190</u>	Month <u>July</u>	Day <u>29th</u>	Age <u>18</u>	Years	Months <u>9</u>	Days <u>5</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>S. D. New York</u>				
Occupation <u>Midshipmen</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>L. M. Tieduff</u>	Father's Birthplace <u>S. P.</u>						
Mother's Maiden Name <u>Katharine Mac Gregor</u>	Mother's Birthplace <u>S. S.</u>						
Name of person giving information <u>Tavy Record</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH.

PHYSICIAN  
OR CORONER

Primary <u>Appendicitis + Peritonitis</u>	How long <u>Two days</u>
Immediate <u>Hemorrhage from Stomach</u>	How long <u>16 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>See the preceding</u>
7/26	Address <u>Naval Academy Annapolis</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

William Henry Kirby

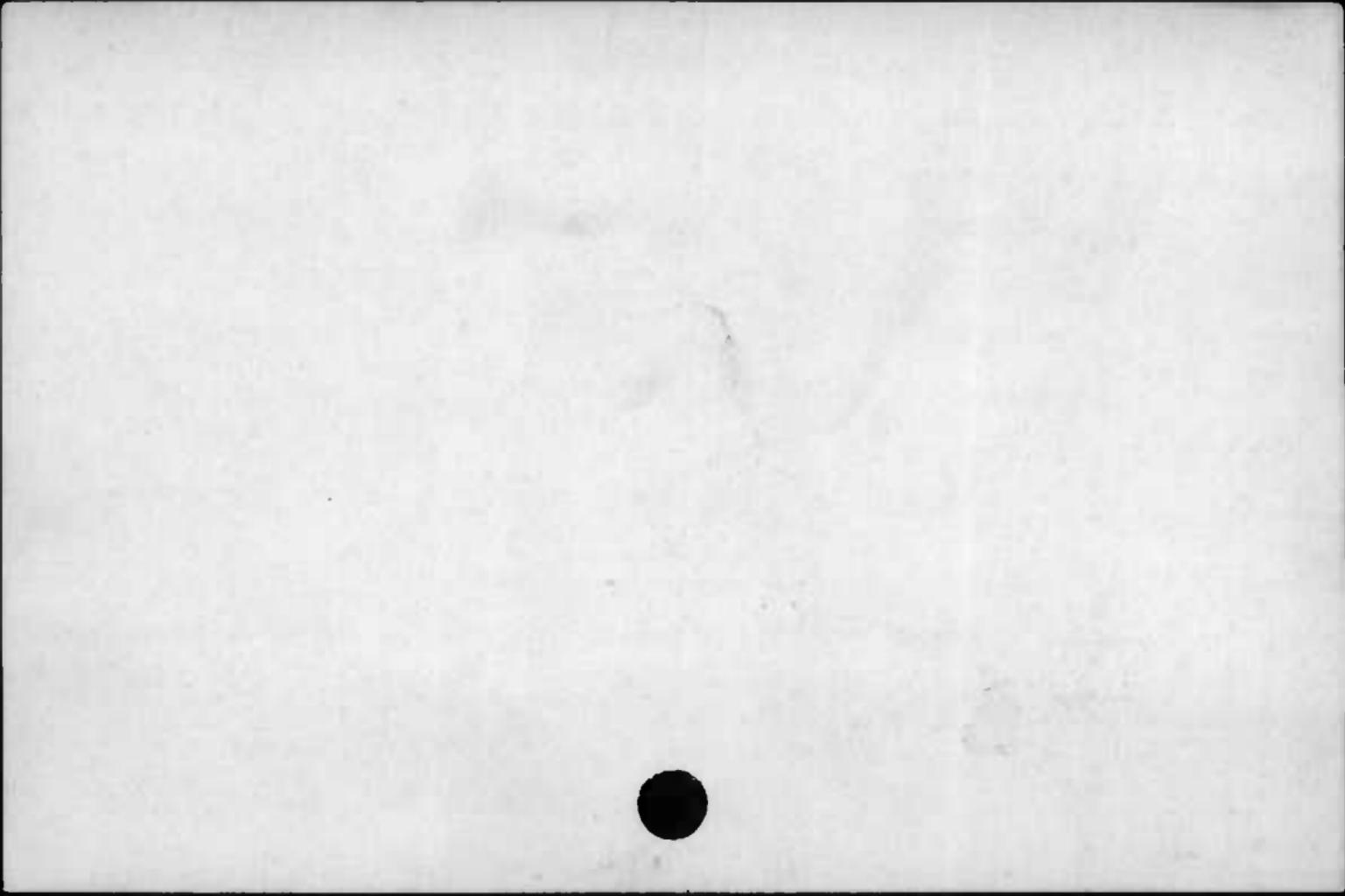
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Annapolis	Anne Arundel MARYLAND				
Died	Month	Day	Years	Months	Days
1906	July	17	75	6	17
Sex	Color of Race	Age	Birth-place		
Male	White	75	Calvert St. An Co.		
Occupation	Where Residing if not at place of death				
Bailiff	Mary C. Kirby - wife				
Married, Single or Widowed	Name of Wife or Husband				
Married	Mary C. Kirby				
Father's Name	James Kirby	Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information	Mrs M. C. Kirby	How related to deceased			
wife					

CAUSES OF DEATH

Primary	Apoplexy	64	How long	4 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Montgomery Claude M.D.	
I think so.		Address	9 St. John St.	
Accident or Suicide?			Annapolis, Md.	



Name  
in  
Full

Bethel Ellen Leileth

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Leileth			Father's Birthplace	Md.	
Mother's Maiden Name	Vidie Childs.			Mother's Birthplace	Md.	
Name of person giving information	Charles Leileth			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

105

How long

36 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

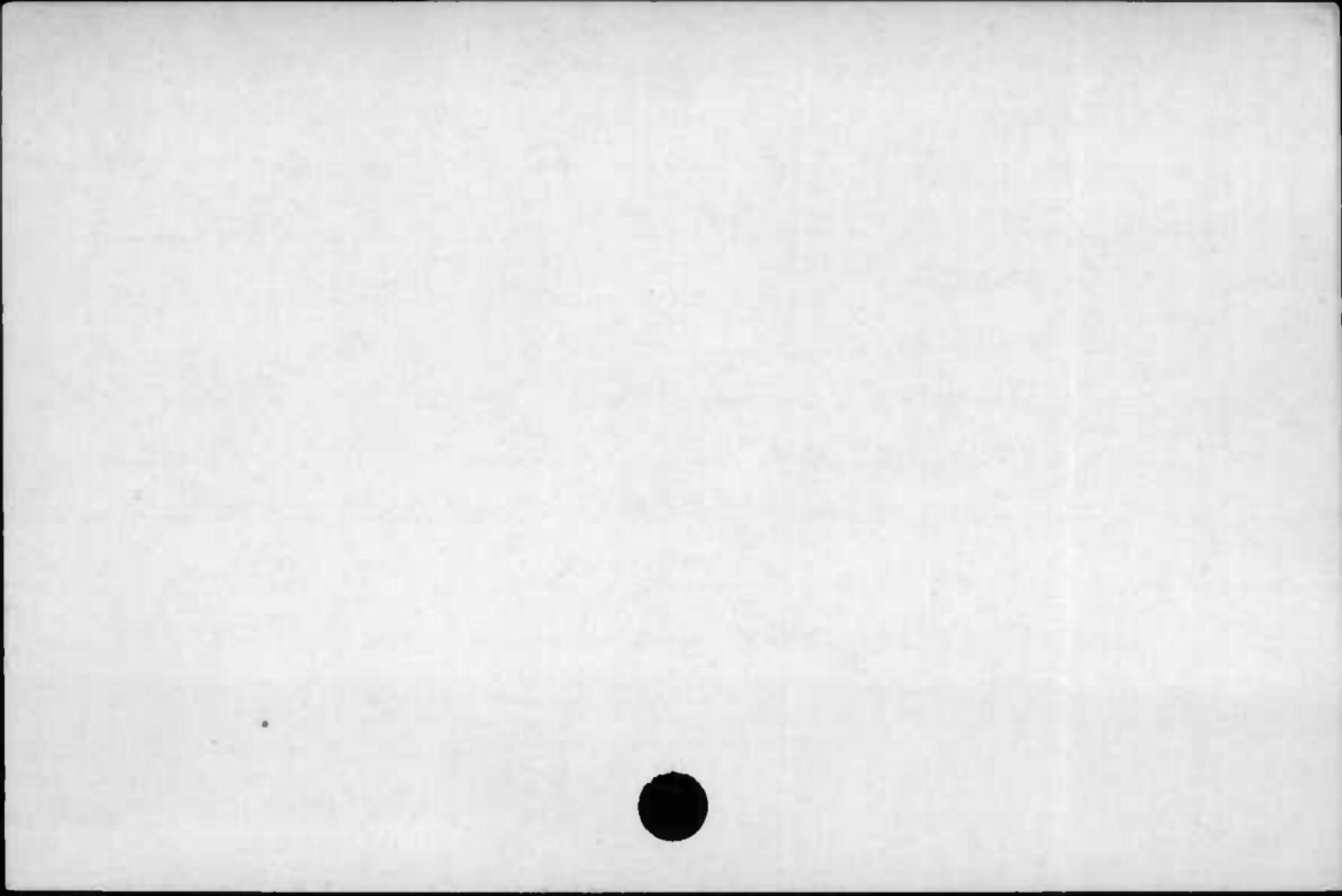
Yes

Signature of Physician

Address

A. N. Penne  
McKendree, Md.

Accident or Suicide?



Name  
in  
Full

(unnamed)

Manifold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Millville

Town

Date of death 1906

Month

Day

19

County

Years

—

MARYLAND

Months

4

Days

1

Sex Male

Color or Race

White

Birth-place

Md

Occupation

None

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Andrew Manifold

Father's  
Birthplace

Balti. Md

Mother's  
Maiden Name

Iva Rogers

Mother's  
Birthplace

Md

Name of person giving  
Information

A. Manifold

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Gastric enteritis

How long

14 days

Immediate

Exhaustion

How long

—

105

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

G. J. Smith M.D.  
Anchorage

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

( Still Born ) Mays

CERTIFICATE OF DEATH

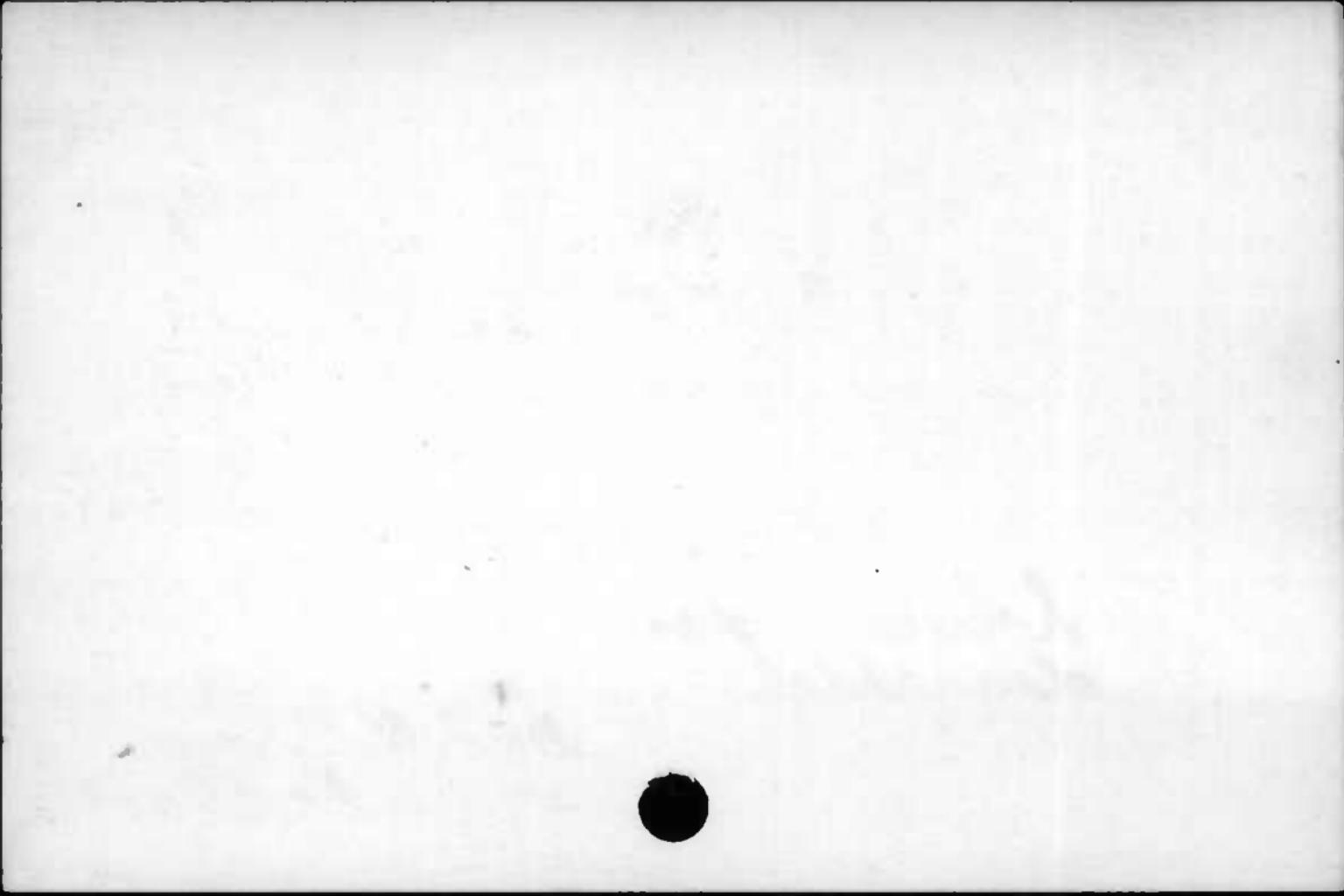
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>annapolis</b>		Town	County <b>Anne Arundel</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>July</b>	Day <b>8th</b>	Age	Years	Months	Days
Sex <b>Female</b>	Color or Race <b>white</b>			Birth-place <b>annapolis</b>		
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name <b>Thomas C Mays</b>				Father's Birthplace <b>Baltlo Co</b>		
Mother's Maiden Name <b>Mary J. Miller</b>				Mother's Birthplace <b>u</b>		
Name of person giving information <b>Thos C Mays</b>				How related to deceased <b> Father,</b>		

CAUSES OF DEATH

Primary <b>Still Born</b>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<b>Yes</b>	Address <b>Chas. A. Gandy Annapolis, Maryland</b>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Gust-J. Meyn

Town

County

MARYLAND

Died at

Elaton

a a

Date  
of death

1906

Month

July

Day

4

Years

—

Months

10

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Elaton, A.A.C.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Gust-Meyn

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Annie Lant

Mother's  
Birthplace

"

Name of person giving  
Information

Gust-Meyn

105

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Cholera infantum

How long

29 days

Immediate

diarrhea

How long

6 — —

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

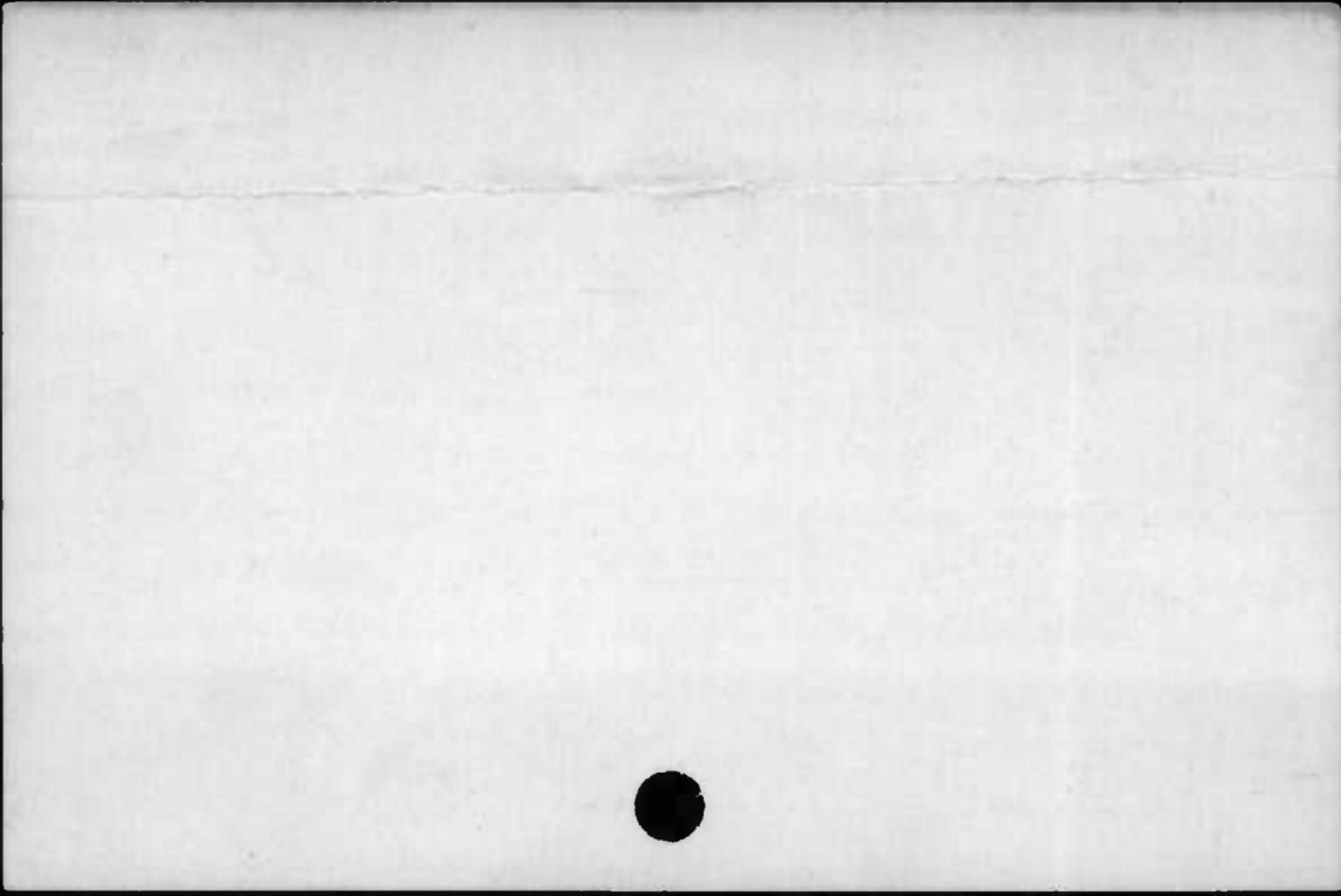
Signature of  
Physician

Dr. J. N. Brown

Address

corner No off a a a a

Accident or Suicide?

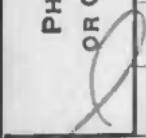


Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Died at <u>South River</u>		Town <u>Anne Arundel</u>		County <u>Anne Arundel</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>22</u>	Age <u>25</u>	Years <u>25</u>	Months <u>3</u>	Days <u>0</u>		
Sex <u>Female</u>	Color or Race <u>Color</u>			Birth-place <u>1</u>				
Occupation <u>Housekeeper</u>	Where Residing if not at place of death							
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband		<u>Morris</u>					
Father's Name <u>Worson Wallace</u>			Father's Birthplace <u>MD</u>					
Mother's Maiden Name <u>Lucy Wallace</u>			Mother's Birthplace <u>MD</u>					
Name of person giving information <u>John</u>			How related to deceased					

CAUSES OF DEATH

Primary Heart Failure

179

How long

—

Immediate —

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

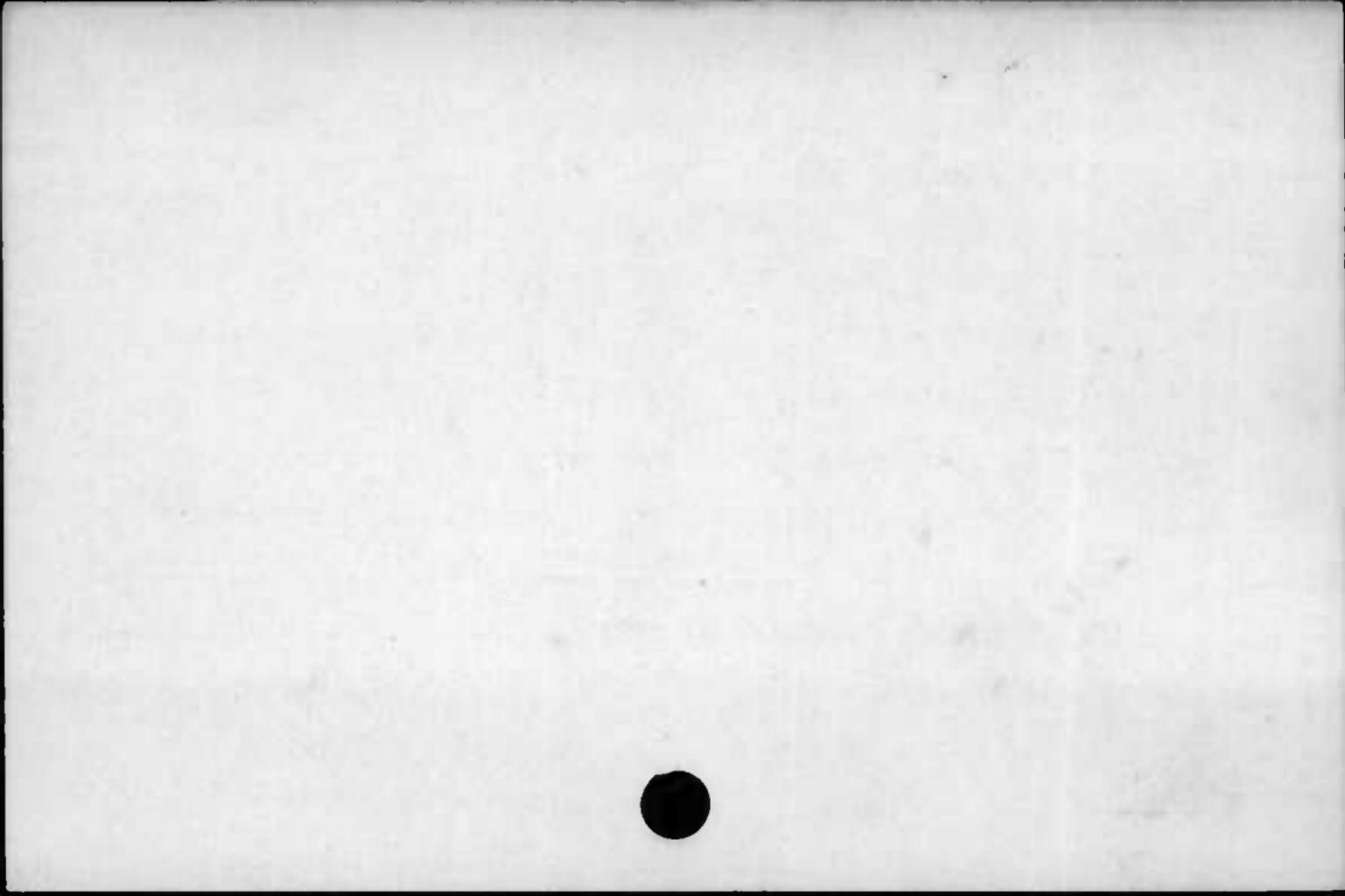
Yes.

Signature of Physician

S. S. Hepburn  
Annapolis  
Md.

Address

Accident or Suicide?



Name  
in  
Full

Annie Owens

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

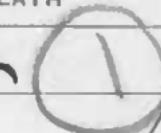
PHYSICIAN  
OR CORONER

Died at <u>Blurry's</u> Town		<u>A. A. Co.</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>5</u>	Years <u>35</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Age <u>35</u> Birth-place <u>A. A. Co. Md</u>			
Occupation <u>House Keeper</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jos Owens</u>	Father's Birthplace <u>-</u>			
Father's Name <u>Jos Owens</u>	Mother's Birthplace				
Mother Maiden Name <u>Augie Rice</u>	How related to deceased <u>Nephew</u>				
Name of person giving Information <u>Jos Johnson</u>					

CAUSES OF DEATH

Primary

Typhoid fever -



How long

Death

Immediate

Are the name, age, sex, color, date and place correctly given above?

Suppos

Signature of Physician

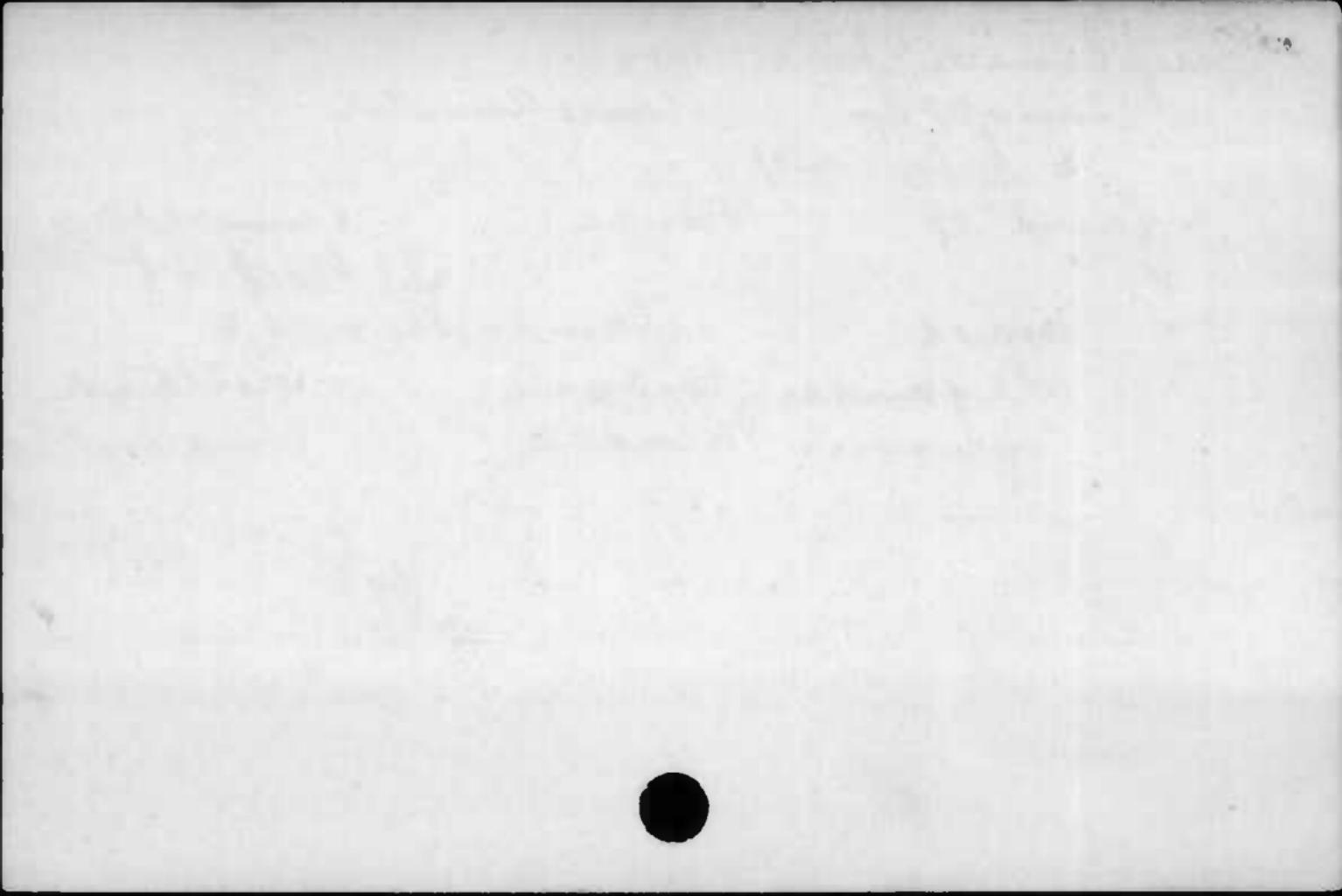
Address

M. Griffith

Upper Marlboro

Md

Accident or Suicide?



Name  
in  
Full

Euphemia Jane Revell

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Annapolis</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>24</u>	Age	Years	Months	Days
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Annapolis</u>				
Occupation	Where Residing if not at place of death <u>23 West St</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James Revell</u>					
Father's Name <u>Alexander Cowan</u>	Father's Birthplace <u>Scotland</u>					
Mother's Maiden Name <u>Susanna Nichols</u>	Mother's Birthplace <u>Anne Arundel Co</u>					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

(93)

How long

6 days

Immediate

Exhaustion

How long

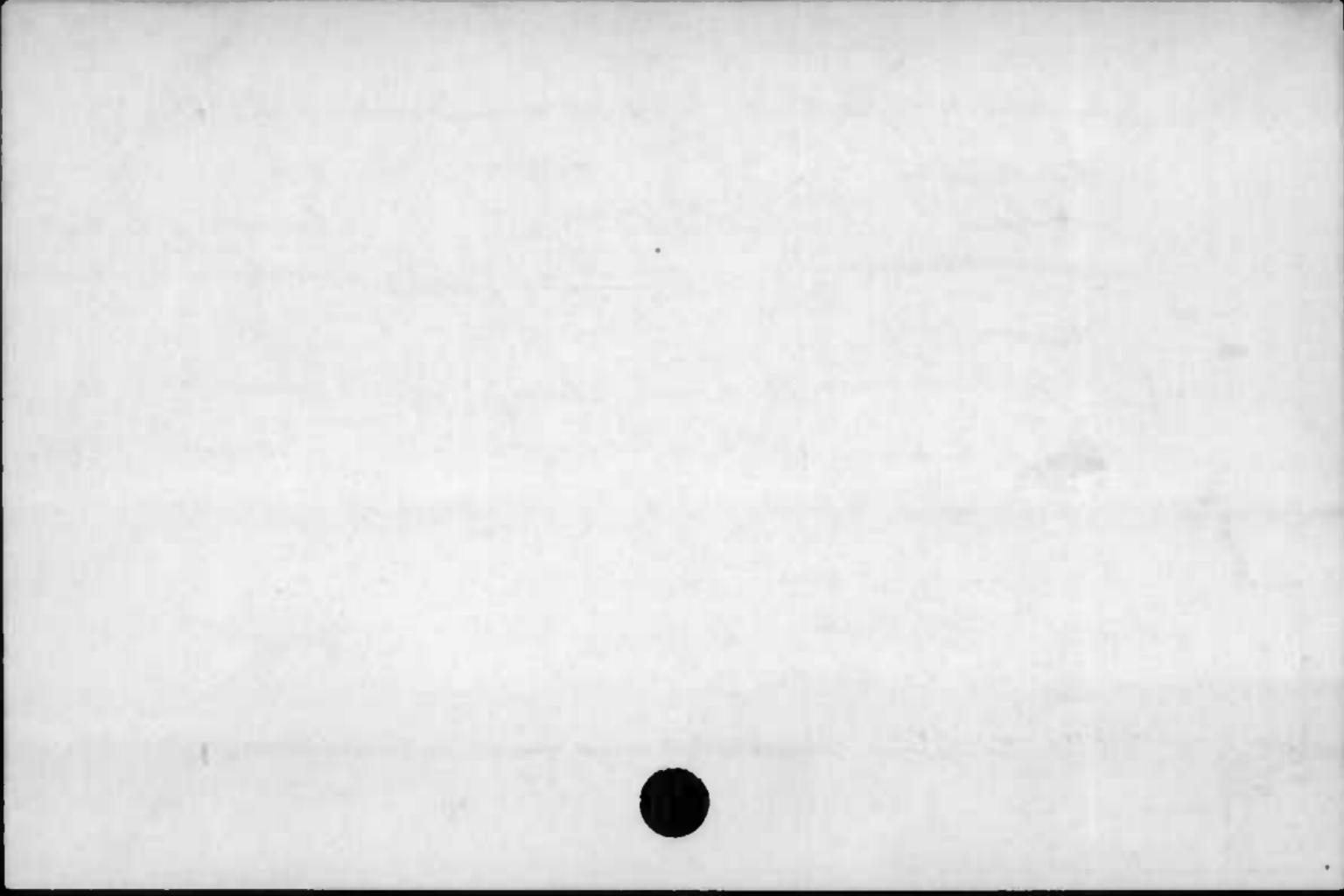
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Murphy  
Annapolis, Md

Accident or Suicide?

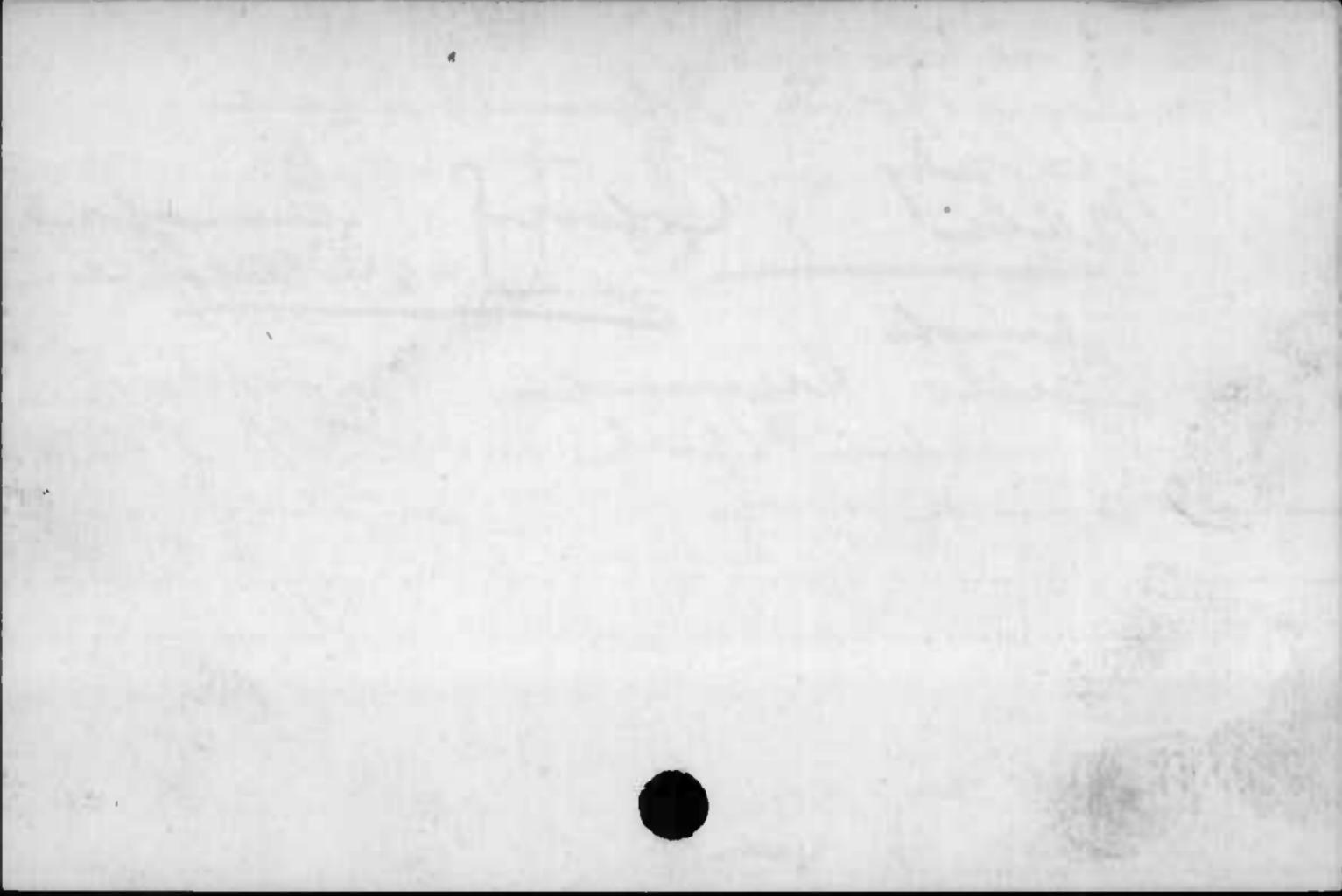


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		146 South St,		
Father's Name	William Ridgley		also		
Mother's Maiden Name	Leesa Shoop		dead		
Name of person giving information	Mrs Mary Dotsey friend				
CAUSES OF DEATH					
Primary	Intestinal Catarrh		105	5 days	
Immediate	convulsions		105	3 hours	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes.			R. P. Lee		
			Address		
			60 Cathedral St		
Accident or Suicide?					



Name  
In  
Full

# Engine Driver

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month July	Day 7	Age	Years	Months
Sex Male	Color or Race	Colorado	Birth-place	Annapolis	Days
Occupation	Where Residing if not at place of death 23 Colledge Ave				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Felix Summers				
Mother's Maiden Name	Lucinda Bell				
Name of person giving information	Father				
Father's Birthplace Portsmith, N.Y. 1870					
Mother's Birthplace					
How related to deceased					

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus  
Exhaustion

179

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Since Birth  
Gradual  
John Ridout M.D.  
Annapolis  
Md



Lizzie Spencer

## CERTIFICATE OF DEATH

To be ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORDNER

Died at		Town	County		MARYLAND		
Date of death	1906	Month July	Day 23	Years 29	Months 4	Days 17	
Sex	Female	Color or Race	Black		Birth-place	Anne Arundel Co.	
Occupation	Fisherwoman		Where Residing if not at place of death		215 Herring St Balto Md		
Married, Single or Widowed	Single	Name of Wife or Husband	—		Father's Birthplace	Ind	
Father's Name	Joseph Spencer		—		Mother's Birthplace	Ind	
Mother's Maiden Name	Frances Howard		—		How related to deceased	None	
Name of person giving information	John Gilmore		(106)		How long	6 month	
CAUSES OF DEATH							
Primary	Exhaustion Enteritis		(106)		How long	30 days	
Immediate	Exhaustion		(106)		How long	1735 Bank	

Are the name, age, sex, color, date and place correctly given above?

yes

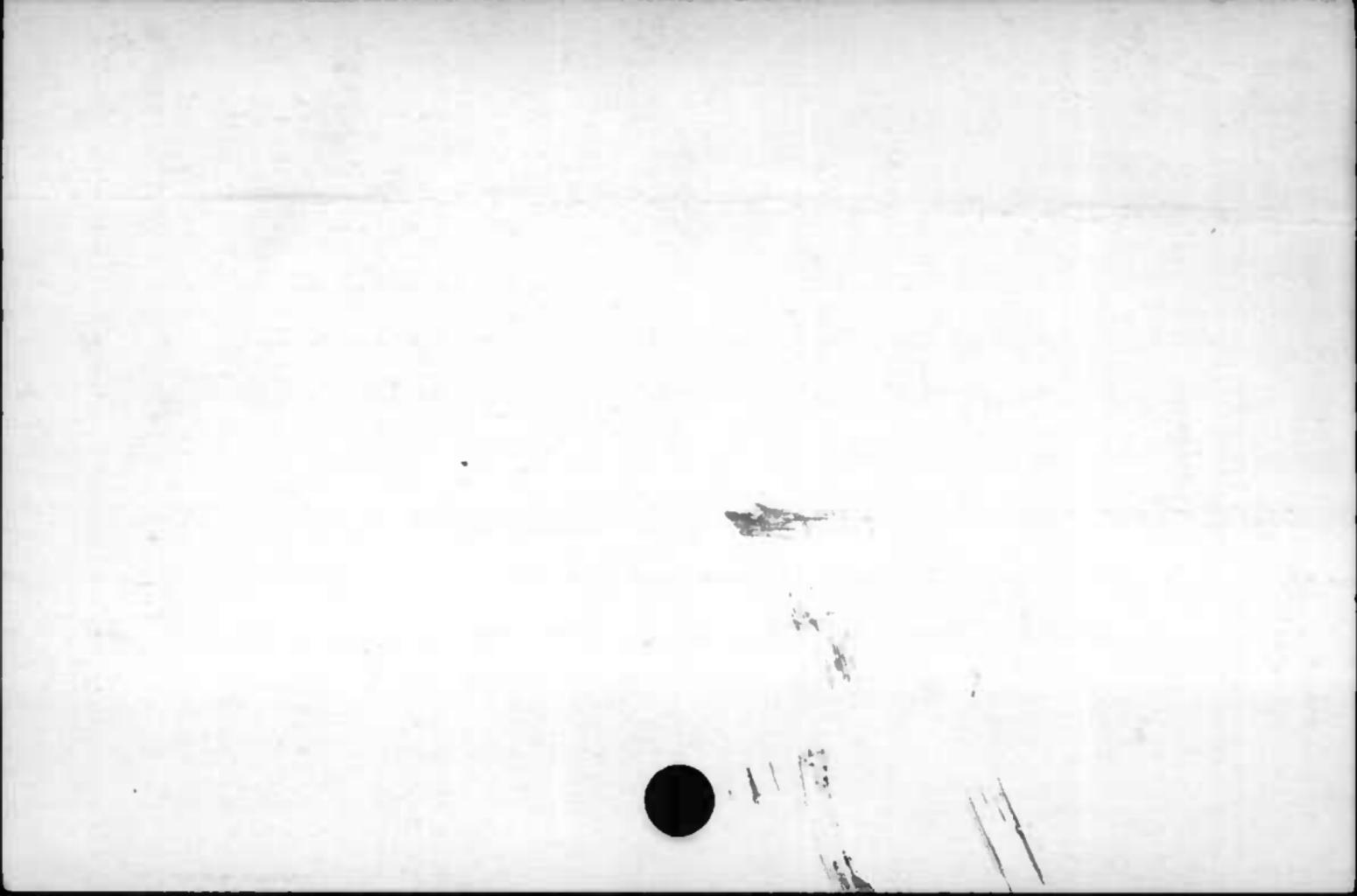
Signature of Physician

Address

J. L. Wimmer

1735 Bank

Accident or Suicide?



Name  
in  
Full

John Towses

CERTIFICATE OF DEATH

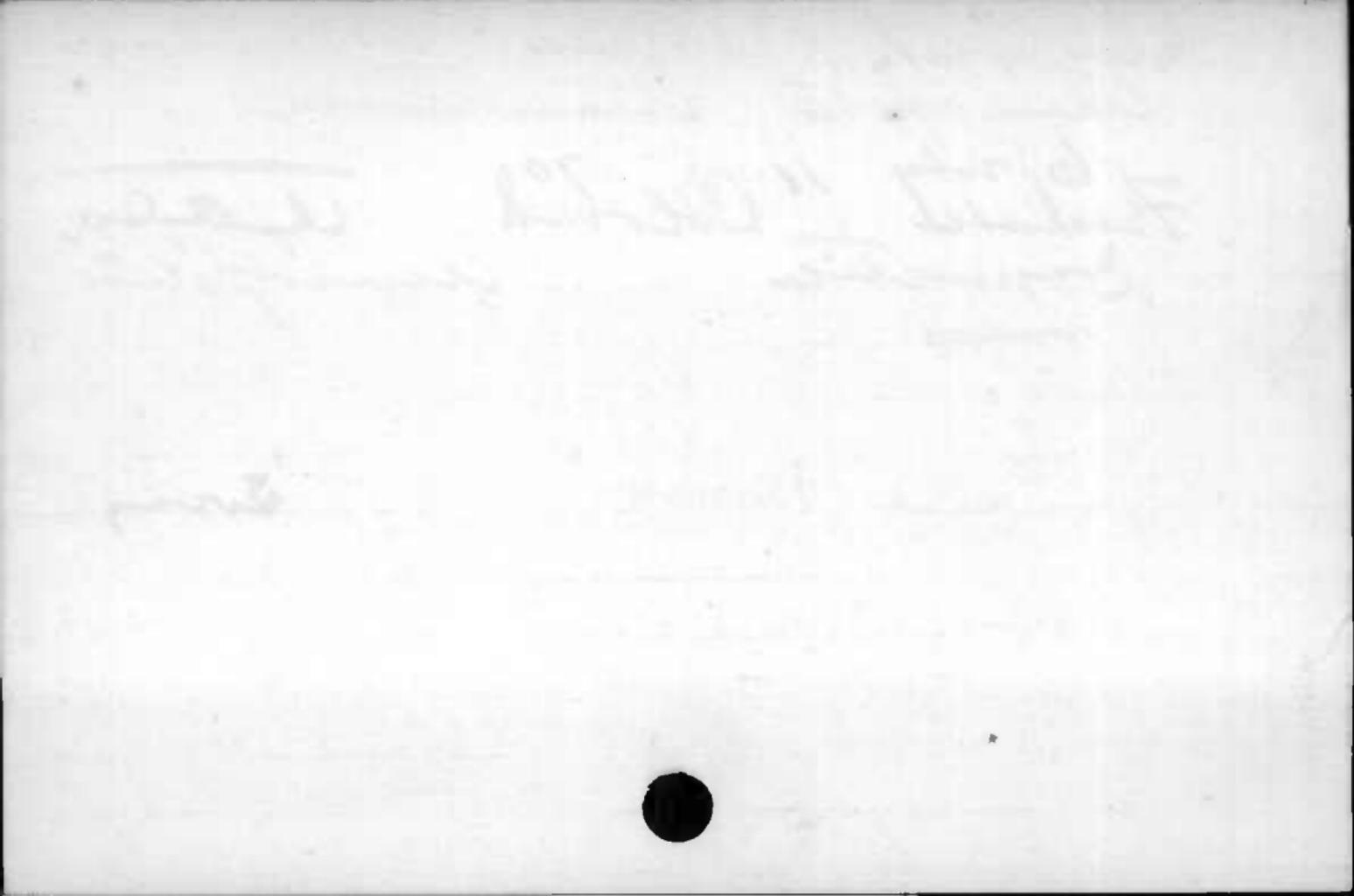
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Wernis Creek	County A. H. Co.	MARYLAND		
Date of death	Month 1906 July	Day 4	Years —	Months 1 1/2	Days 0
Sex	Male	Color or Race White	Birth- place Balto. Md.		
Occupation	Infant	Where Residing if not at place of death			
Married, Single or Widowed	Single				
Father's Name	Frank Towses	Father's Birthplace	Australia		
Mother's Maiden Name	Frances Kapler	Mother's Birthplace	Not known		
Name of person giving Information	Frank Towses	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles	(151)	How long since birth	
Immediate	Mal-assimilation		How long since birth	
Are the name, age, sex, color, date and place correctly given above?		as far as I know	Signature of Physician H. H. Thompson M.D.	
			Address 193 Church St. Annapolis, Md.	
Accident or Suicide?				



Name  
in  
Full

Elizabeth Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
	Annapolis	Anne Arundel			
Date of death 190	Month	Day	Years	Months	Days
6 July	11		Age	70	
Sex	Color or Race	Birth-place			
Female	Colored	Aado,			
Occupation	Where Residing if not at place of death				
Domestic	Annapolis				
Married, Single or Widowed	Name of Wife or Husband				
Widow					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
Noble Warren Son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic dysentery

(14)

How long

11 months 38 days

Immediate

Exhaustion from General debility

8 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R. P. Keefer

Address

60 Cathedral St.

Annapolis Md

Accident or Suicide?



Name  
in  
Full

Ruth Irma Wayson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James William Wayson			Father's Birthplace	And.
Mother's Maiden Name	Mildred Dore			Mother's Birthplace	And.
Name of person giving information	Agnes Wayson			How related to deceased	Aunt

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

105

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

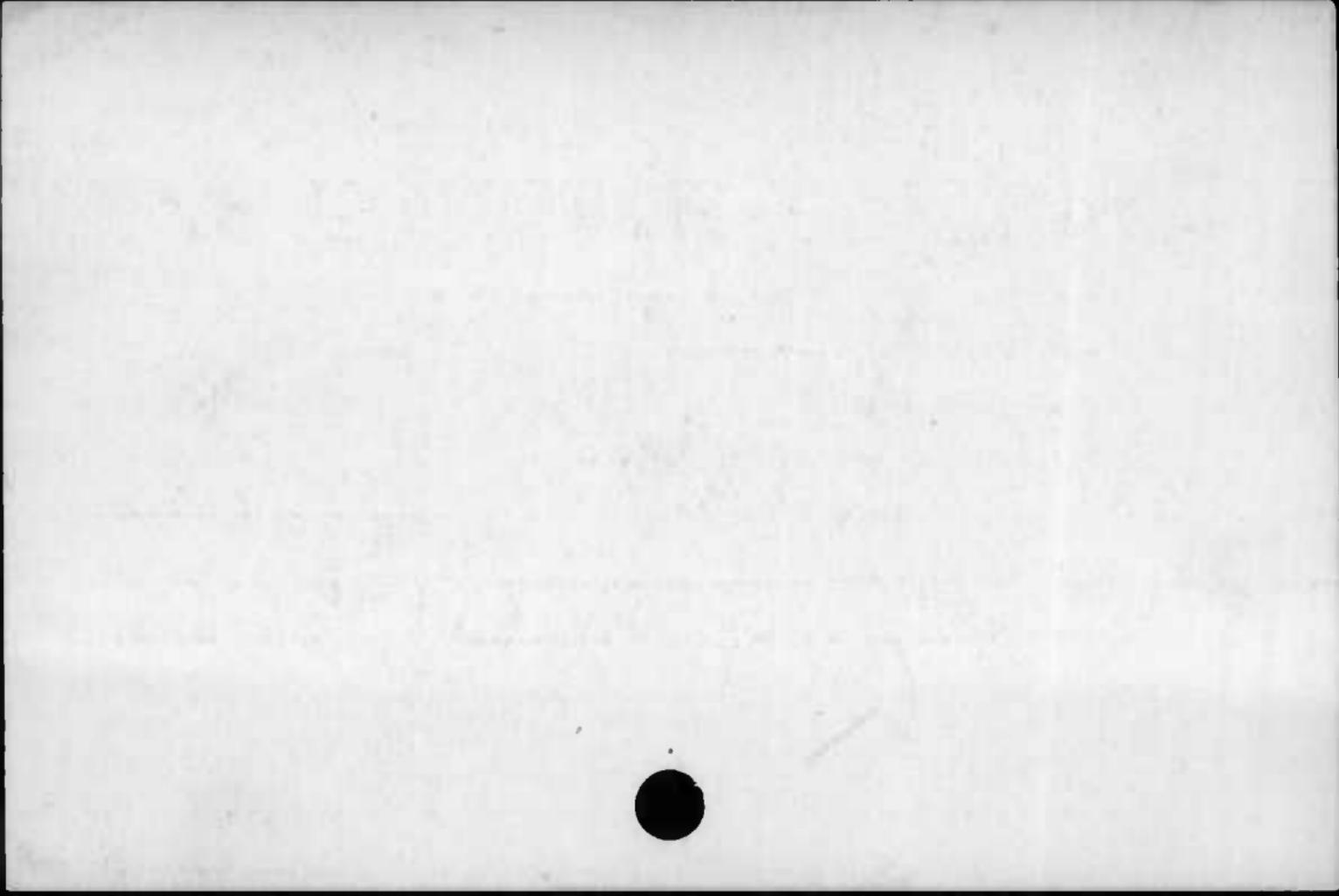
Signature of Physician

Address

A. H. Ferrie

McKendree, Md.

Accident or Suicide?



Name  
In  
Full

Arthur Wilson

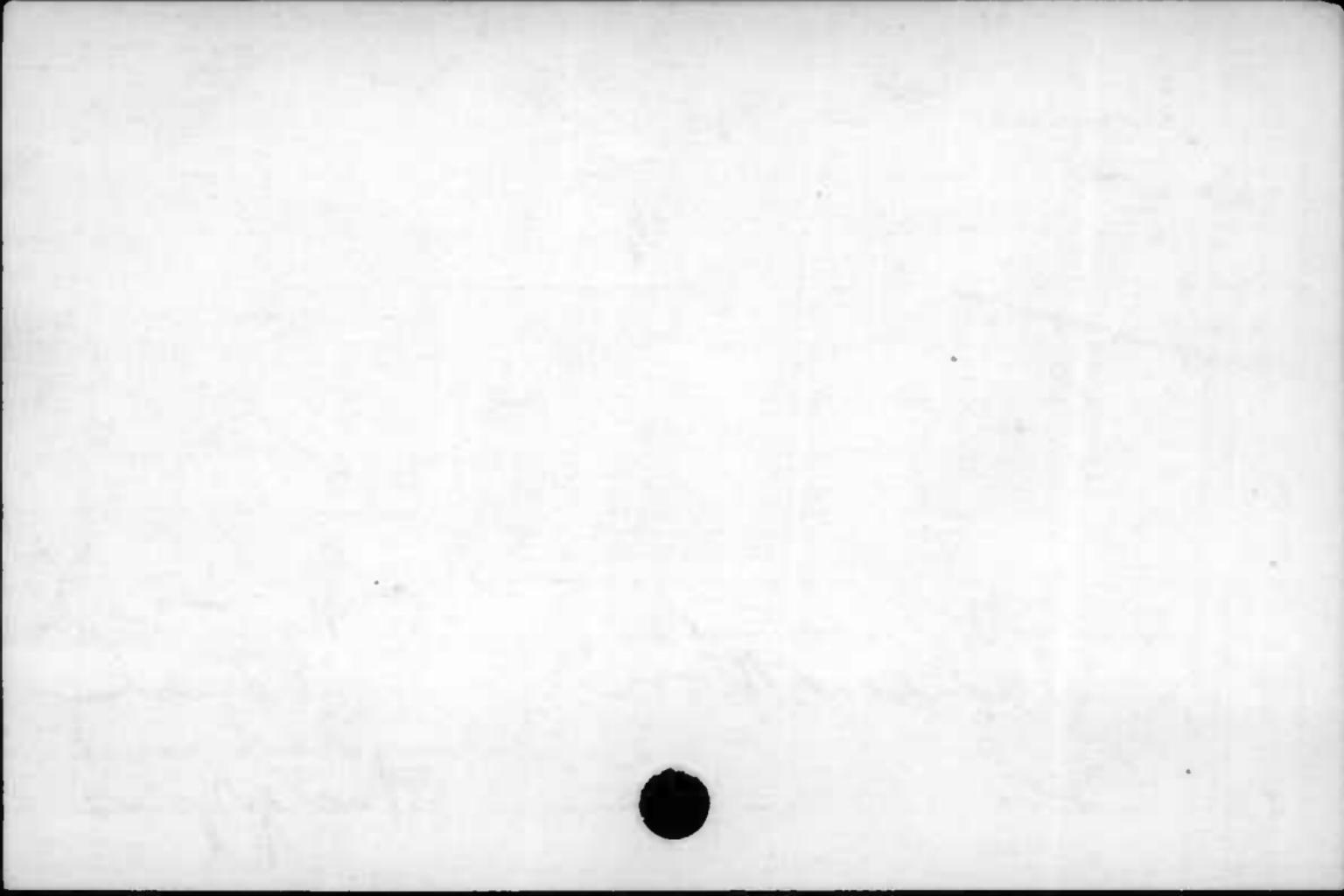
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband	Eliza Wilson				
Father's Name	Robert Wilson					Father's Birthplace
Mother's Maiden Name	Trianna Mc Gowan					Mother's Birthplace
Name of person giving Information	Emma Colbert					How related to deceased
CAUSES OF DEATH						
Primary	Valvular Disease					⑨
Immediate	of the Heart					several months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Address			

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Martha Wilson

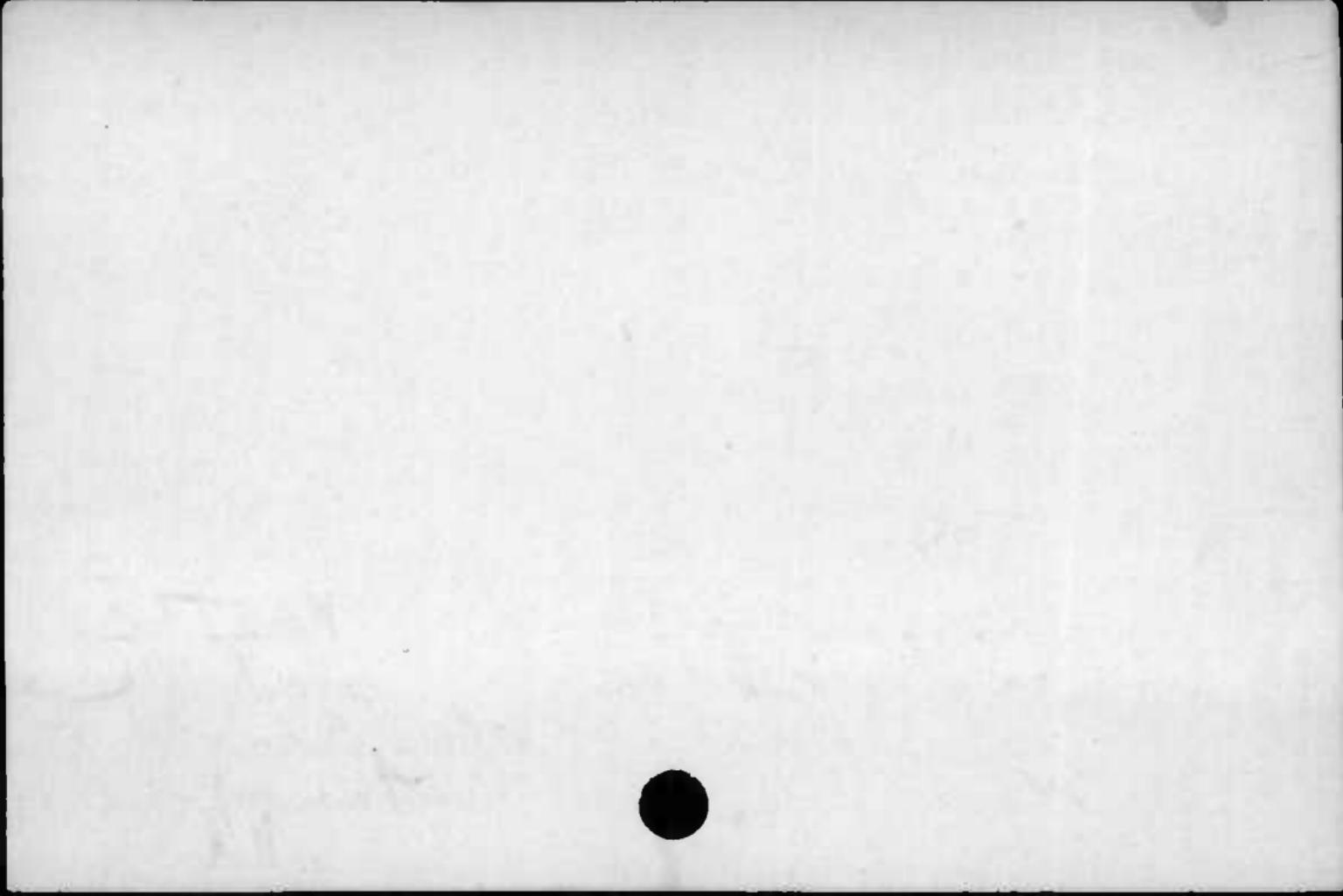
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at Annapolis	Anne Arundel			
Date of death 1906	Month July	Day 21 <sup>st</sup>	Years 30.	Months —
Sex Female	Color or Race Col	Birth-place Annapolis		
Occupation House Keeper	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name Albert Wilson	Father's Birthplace Annapolis			
Mother's Maiden Name Mary Davis	Mother's Birthplace Annapolis			
Name of person giving information Robert Davis	How related to deceased Uncle			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis		How long Months
	Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long Gradual	
Yes		Address	John Ridout, M.D. Annapolis Md -	
Accident or Suicide?				



Name  
in  
Full

Caroline Wood

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>McKendree</u>		Town <u>Town</u>		County <u>Franklin</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>2</u>	Years <u>about 85</u>	Months <u>-</u>	Days <u>-</u>		
Sex <u>Female</u>	Color or Race <u>Black</u>	Where Residing If not at place of death				<u>Md.</u>	
Occupation							
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband						
Father's Name <u>Don't know</u>					Father's Birthplace		
Mother's Maiden Name <u>Don't know</u>					Mother's Birthplace		
Name of person giving Information <u>George Gross</u>					How related to deceased <u>Grand Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

1 year

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Ferri  
McKendree, Md.

Accident or Suicide?

